STATE OF MARYLAND

ghas may German Puneral Rose Tostron, 76, 21601 Lt.

DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 20. DATE KNOWN OF DEATH MATED 6. AGE (IN YEARS IF UNDER 1 YR. 5. DATE OF BIRTH IF LINDER 24 HRS DATE LAST BIRTHDAY PRONOLINCED DEAD 76 CITIZEN OF WHAT COUNTRY? 70 BIRTHPLACE (STATE OR NEVER MARRIED 9. BALTIMORE CITY OR COUNTY OF DEATH Federalsburg, Md. U.S.A. WIDOWED DIVORCED 0. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 126. KIND OF BUSINESS Lumberman Lumber Caroline 13c CITY OR TOWN 13e STREET ADDRESS 13d. INSIDE CITY LIMITS? Maryland Federalsburg Rt. 1 YES [] 4. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST LAST Wilmer Annie Mae Robinson ADDRESS Delaware 19973 17. INFORMANT 16b. SOCIAL SECURITY NO. 160 WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO, OR UNKNOWN) Ida Mae Bolden, Rt. 1, Box 281AA, Seaford. 220-28-0401 DIVISI 18. CAUSE OF DEATH (Enter only one course PART I DEATH WAS CAUSED BY BURIAL-TRANSIT PERMII AND MENTAL HYGIENE, IMMEDIATE CAUSE to DUE TO Conditions, if any, which gave rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last FICANT CONDITIONS CONTRIBUTING TO BEATH M NOT RELATED TO SELECTION IN ALL DISEASE OF CONDITION GIVEN IN PART 1 IN ED AS A I M. AUTOPSY? E 3 SHOULD BE E DEPARTMENT PRIOR TO BURNA 21a. EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME. 21f LOCATION STREET, FACTORY, FARM, ETC.) STREET WHILE AT WORK CITY OR TOWN COUNTY TO FUNERAL DIRECTOR: P TO FUNERAL DIRECTOR: P AFTER DEATH, WITH THE SI BAITMORE, MARYLAND, 21 27s. I certify that I took that an of the remains described above, held an Autopsy death resulted from Accident Undetermined manner SIGNATURE EXAMINER'S NAME ADDRESS St. Michaels, Md. 21663 R. Lane Wroth, M.D. (TYPE OR PRINT) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION 230 BURIAL, CREMATION, REMOVAL 236, DATE Dec. 20,1982 Federal Hill Cemetery Burial Federalsburg. Caroline. DHMH-17 20M 1/73 24. FUNERAL DIRECTOR (VR A15 ME (5)) Framptom Hawkins 216 N. Main St. Federalshu

STATE OF MARYLAND

March 18, 2320 52

wind and

and mu

Them latson obligate the children

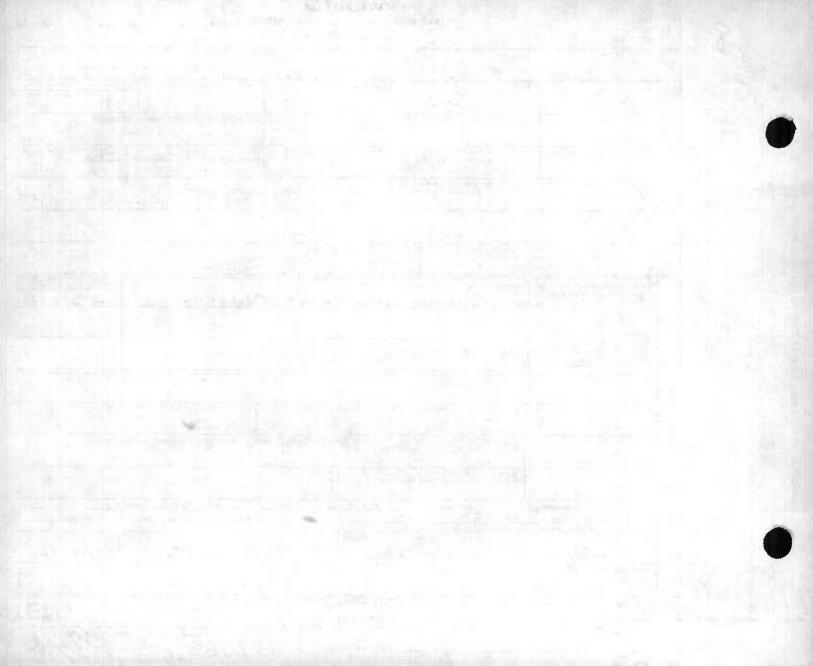
o 220-2-0031 les volder, Rt. 1, box 2314s, smalers,

.bx (antional processing) reduces reduced for farebel \$601,01 , near fairner.

Premeron underna 216 MacMarks Smacked and and and and

TELL EX TELL STATE OF THE STATE Jarmary 3, 1918 Cleveland, Ohio U.S.A. . Serri more in the second of the line of the second of th eryland Caroline Federalaburg - K 108 kertowincook Parkt silternal baresile Stennes .W semmel. STITE ALEDIES. Yes CMXII - 21 -03-4705 Alice N. Bennett, 178 Easdowlander Bark, Sa. surfal you, 2,1932 alllowest demotory sederalsburg, Carolino, Ma. propeleteber transfer-lawdes Juneral Home, 216 M. Rain St.

. ma- 1 L. L-cont. to Standard Company of the Standard Company TENED A LOUIS LAND LAND AND A SECONDENSES CARE-TELL WILL The state of the s



\$	1.	FOR STATE REGISTRAR	DEPARTMENT OF H	E OF MARYLAND EALTH AND MENTAL HYGIE ICATE OF DEATH	INE 8 2	3 3 1	6
0		CEASED NAME FIRST BOX BX	RACE S. DATE C	ep hus	20. DATE OF DEATH 12 - 1. AGE (IN YEARS LAST BIRT)	MONTH DAY YEAR 76 H	DER 2 HRS
is after death. Po by the funeral dir filed within 72 hou	10 C	ITY OR TOWN O DEATH	WIDOWE TAME OF HOSPITAL, NURSING HOME C UNIT INSUCUS ACTURY GIVE STREET ADDRESS!	ROTAL INSTITUTION	12a USUAL OCCUPATION OF THE OF WORK FOR MOST OF		MD.
E, MARYLAND 2120 cuted within 24 hours completely filled in by s 1 and 2 should be fill collected within 24 hours		_ / _ /	ISC. CITY OR TOWN LAST LAST	13d. INSIDE CITY LIMITS? YES NO 15. MOTHER'S MAIDEN NAMI FIRST A 2000 0	30 STREET ADDRESS 206 GL	monos k	ul
ote be execut sicion ond co ppers. Poges I val.		VAS DECEASED EVER IN U.S. ARMED YES, NO OR UNKNOWN) (IF YES, GIVE WA		Pasecolia	ADDRE	C PAGAS APPROXIMATE IN BETWEEN ONSETA	/
RDS, 201 W. PRESTON ST., BAITIMORE, MARYLAND 2120 equires that the death certificate be executed within 24 hours in signed by the attending physician and completely filled in by Then please remove carbon papers. Pages 1 and 2 should be filled to buriol, cremotion, or removal.	NO	PART I. DEATH WAS CAUSED BY IMMEDIATE C Conditions, if only, which gove rise to immediate couse (a), stating the underlying couse last. PART 2 OTHER SIGNIFICANT CON	FIIF BY BY BY BY	NOT RELATED TO THE TERMIN	JAL DISEASE OR CONT	DITION GIVEN IN PART 1(0)	
TALKECON residue to the low residue has been nail permit. I ygiene prior shows ony ii	CERTIFICATION	198 DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATIO		20e AUTOPSY? YES NO	20b. IF YES, WERE FINDINGS UNIN CERTIFYING CAUSES OF DE	EATH?
DFV	MEDICAL CE	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED	216, TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19 216 PLACE OF INJURY	211 LOCATION			
VITENDI Spital or CTOR: A for use of Heal	ME	WHILE NOT WHILE 21 WORK 270.1 certify that (1) (this hospital) sow the deceased alive on obove, (1) (will did not vii	12 DEC 19 82 , or new the body ofter death.	<u> </u>	to 12 00	te and hour and from the courses	
OR DORE		226. SIGNATURE 226. PHYSICIAN'S NAME (TYPE OR BR)	outs 7	ATTENDING PHYSICIAN 220. ADDRESS	MEDICAL STAP		82
TO HOSPITAL retoined by the TO FUNERAL should be determent with the Store IMPORTANT:		MD C	wowley M.D.	EMETERY OR CREMATORY	ston, MD		
BP		UNERAL DIRECTOR	12/11/82 Rucha	250 DATE	REC'D. BY REGISTRAR	25b REGISTRAR'S SIGNATURE	NAL .
(VRA 15, 4)	1	VIRALGOVO	carried/ Ca	1200	1 1 1000	The way	1

Bur course. A Carrier West of En love steel first to be seen

-	FOR				HEALTH AND MENTAL	HYGIENE 8 2		3 3 1	6
	- STATE REGISTRAR			CERTI	FICATE OF DEATH	REG.	NO.		
	DECEASED NAME	JAM e	5 Alto	n. (ockes	2a. DATE OF DEATH	12 - 6	2 - 82	b. HOUR
	SEX		I. RACE		OF BIRTH YEAR	6. AGE (IN YEARS LAST			F UNDER 24 HR
	male BIRTHPLACE (STATE	OR FOREIGN	white		ig, 21, 1929	53 BALTIMORE CITY	YRS.	OF DEATH	
	COUNTRY) Md.	ON POREIGN I	TESA	MARRI	ED NEVER MARRIED	-11	BOT	OFDEATH	
10.	CITY OR TOWN OF	DEATH 1	(IF NOT IN SUCH FACILITY	Y, GIVE STREET ADDRESS)	OR OTHER INSTITUTION	12a USUAL OCCUPA	T OF WORKING LIFE		
U: I3	OUAL RESIDENCE (IF)	NURSING HOME OR C	OTHER INSTITUTION GIVE RESI		113d. INSIDE CITY LIMITS	stock man ? I30. STREET ADDRES		<u>2160 parts</u> 2166	
_	VId FATHER'S NAME			evensville		Rt #3 Bo		Stevensy	
2	James		lton Co	ckey. Sr.	FIRST	MIDDLE		Barnes	
17 161	WAS DECEASED ET	ER IN U.S. ARM		CIAL SECURITY NO.	17 INFORMANT		RESS		21666
	yes	1955-	1957 21	8-26-5762	Eunice V.	Cockey, Rt.	#3 Box	125 Ster	
CEPTIFICATION	PART 2 OTHER S	immediate lating the buse last.	(c) ONDITIONS <u>CONTRIBU</u>			ERMINAL DISEASE OR CO	20b. IF YES	S, WERE FINDING	S USED F DEATH?
4 8		CAUSE OF DEAT	HOUR A.M. MO	RY ONTH DAY YEAR 19	21c. HOW INJURY OC	CURRED (ENTER NATURE OF IN	NJURY IN ITEM 18 PA	ART I OR PART 2)	
MEDICAL			21e. PLACE OF INJU		211. LOCATION STREET	CITY OR	TOWN	COUNTY	STATE
	220.1 certify that sow the dec	t (I) (this hospite eosed alive on_	ol) ottended the deceo	19	DEGREE ATTENDIN	, to	date and hour		
230	P.GRE	ica Ru	DES, 1		400 Dutch		e, East	ton, Md	216
230		ON, REMOVAL	23b. DATE 12-6-82	23c. NAME OF	CEMETERY OR CREMATO VILLE CEMETER VILLE CEMETER	RY 23d. LOCATION CITY OR TOWN		COUNTY Dieen Ann	STATE

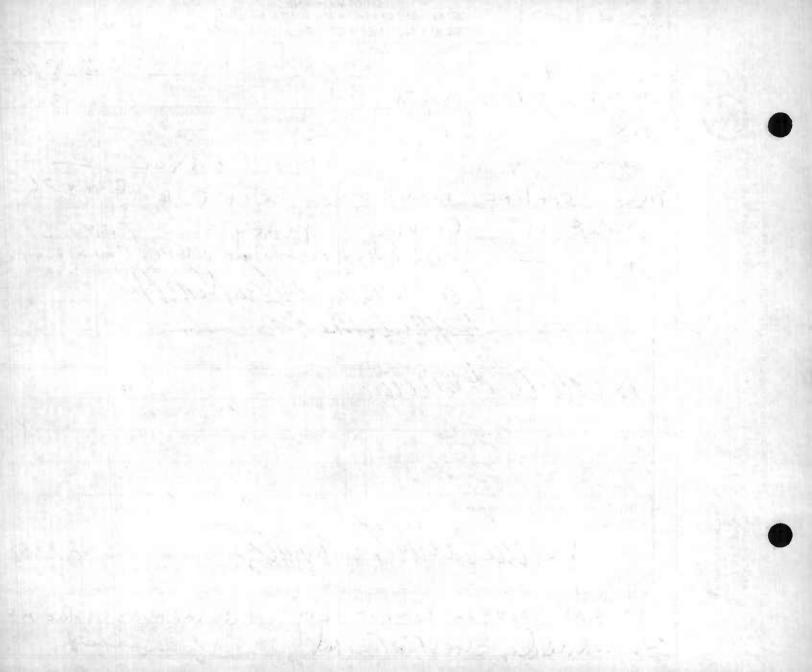
Helicabeta Lubiare Funzari Mone Chescer 18607- 1980 July Chail

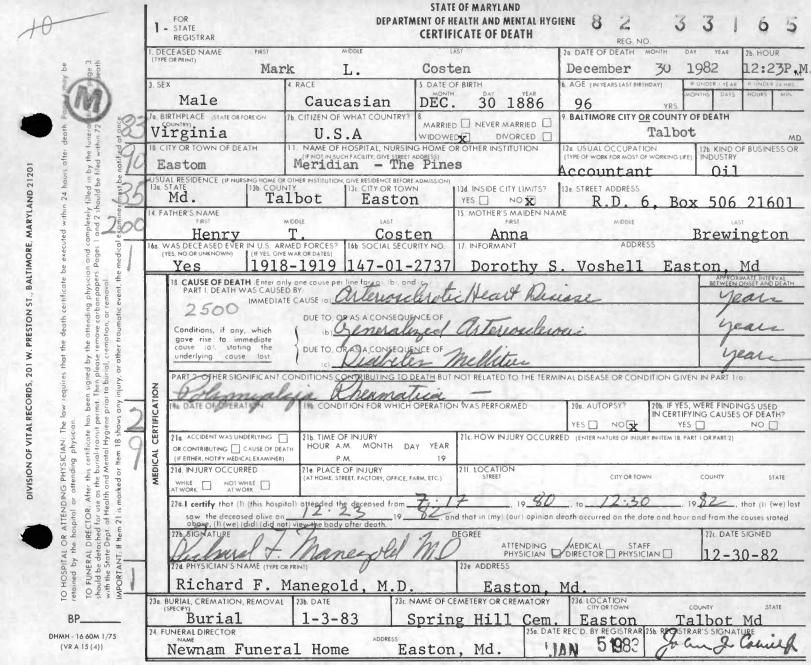
	though the	M
201	urs ofter	by the f
ARYLAND 21	within 24 ha	pletely filled in nd 2 shauld be
LTIMORE, M	e be executed	cian and cam
RESTON ST., BA	deoth certificat	ottending physic
, 201 W. PI	res that the	ned by the
AL RECORDS	he low requi	has been sig t permit. Ther
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs offer death. I retained by the hospital or attending physician.	TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the t should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with
•	SPITAL OR ATTEN	VERAL DIRECTOR
	TO HO	Should s

	SEX.	EARL	4. RACE	H C	OMEC DATE OF BIRTH MONTH DAY	YS YEAR	20. DATE OF DEATH	12-	19-824 IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF U
19/2	DIRT	Male HPLACE (STATE OR FOREIGN UNITRY) Md.	Cat 76 CITIZEN OF W U.S	HAT COUNTRY? 8	5-11-04 MARRIED □ NEVER WIDOWED ■		9 BALTIMORE CITY O	OR COUNTY	OF DEATH
8	EF	OR TOWN OF DEATH	MEMI	OSPITAL, NURSING	HOME OR OTHER INS		120 USUAL OCCUPAT (TYPE OF WORK FOR MOST OF Laborer		12b KIND OF BUINDUSTRY Factor
1		RESIDENCE (IF NURSING HOM OR ATE NAME COUN CALL	coline	Greensbo	oro YES OX	CITY LIMITS?	I3e. STREET ADDRESS Main	St.	
54	10	Alfred H			Ne	ilie M	Mandrell	40	LAST
7"			C MALE OR DARKS	66 SOCIAL SECURIT 217-16-9			comegys (eville,
		4272	DUE TO, OR	AS A CONLEQUENCE	CE OF lestr	Card	uniscula 1	7,00	1111
	P	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse last. ART 2 OTHER SIGNIFICANT C	DUE TO, OR A	AS A CONSEQUENCE	ce of	Cord D TO THE TERM	MASCULAN Y	Disen	
	P	gove rise to immediate couse (a), stating the underlying couse lost. ART 2 OTHER SIGNIFICANT C	DUE TO, OR A (b) DUE TO, OR A (c) ONDITIONS CON	AS A CONSEQUENCE STRIBUTING TO DEA ON FOR WHICH OF	CE OF ATH BUT NOT RELATE TRATION WAS PERFO	ORMED	28s AUTOPSY?	206. IF YES IN CERTIF YE	EN IN PART 1:0.
John September 1	P P	gove rise to immediate couse (a), stating the underlying couse lost. ART 2 OTHER SIGNIFICANT C DATE OF OPERATION LE ACCOUNT WAS UNDERLYING CONTRIBUTED CAUSE OF DE-	DUE TO, OR A (b) DUE TO, OR A (c) ONDITIONS CON IND. CONDITIONS CON HOUR A.M. P.M.	AS A CONSEQUENCE NTRIBUTING TO DEA ON FOR WHICH OF INJURY MONTH DAY	CE OF ATH BUT NOT RELATE ERATION WAS PERFO	ORMED NJURY OCCURR	28s. AUTOPSY?	206. IF YES IN CERTIF YE	EN IN PART 1:0.
MEDICAL CEDITION	P P P P P P P P P P P P P P P P P P P	gove rise to immediate couse (a), stating the underlying couse last. ART 2 OTHER SIGNIFICANT C	DUE TO, OR A (b) DUE TO, OR A (c) ONDITIONS CON IN CONDITIONS CON IN CONDITIONS A A. P.M. P.M. 11. PLACE OF	AS A CONSEQUENCE NTRIBUTING TO DEA ON FOR WHICH OF INJURY MONTH DAY	CE OF ATH BUT NOT RELATE TRATION WAS PERFO YEAR 19 711 LOCATI	ORMED NJURY OCCURE	28s AUTOPSY?	296. IF YES IN CERTIF YE	EN IN PART 1:0.
	medical certification	gove rise to immediate couse (a), stating the underlying couse lost. ART 2 OTHER SIGNIFICANT C DATE OF OPERATION DATE OF OPERATION ACCOUNT WAS UNDERLYING THE INTERPRET HOLES MORE ACCOUNTS TO T	DUE TO, OR A (b) DUE TO, OR A (c) ONDITIONS CON IVA CONDITION P.M. 21b. PLACE OF IAT HOME. SPEED	AS A CONSEQUENCE NTRIBUTING TO DEA ON FOR WHICH OF INJURY MONTH DAY FINJURY THE TOPY OFFER FAME decensed from 2	CE OF ATH BUT NOT RELATE TRATION WAS PERFO YEAR 20 711 LOCATI STATE and that in imy	ORMED NJURY OCCURS	288. AUTOPSYP YES NO RED (Instell NATURE OF HU)	206 IF YES IN CERTIFY YES	EN IN PART 1:0: 5. WERE FINDINGS I VING CAUSES OF D 5. NO ART 1 OR FART 7: COUNTY 19
	P P 21 14 21 21 21 21 21 21 21 21 21 21 21 21 21	gove rise to immediate couse (a), stating the underlying couse lost. ART 2 OTHER SIGNIFICANT C DATE OF OPERATION LACCOUNT WAS UNDERLYING CAUSE OF LESS IN STREET OF LESS IN	DUE TO, OR A (b) DUE TO, OR A (c) ONDITIONS CON IVE CONDITIE 21b. TIME OF A HOUR A.M. P.M. 21b. PLACE OF INTERNATION OF THE INTERNATION O	AS A CONSEQUENCE NTRIBUTING TO DEA ON FOR WHICH OF INJURY MONTH DAY FINJURY THE TOPY OFFER FAME decensed from 2	CE OF ATH BUT NOT RELATE TRATION WAS PERFO YEAR 19 THE LOCATION and that in imp DEGREE MO DEGREE	DRMED NJURY OCCURE 19 1001 opinion (ATTENDING PHYSICIAN)	288. AUTOPSY? YES NO CONTROL OF POUR CONTROL OF THE SALLISS OF POUR CONTROL OF THE SALLISS OF TH	206. IF YES IN CERTIFYED YES	EN IN PART 1:0. 5. WERE FINDINGS IN THE CAUSES OF DISCOUNTS COUNTS 19 8 7 , that
	P P 277	gove rise to immediate couse (a), stating the underlying couse lost. ART 2 OTHER SIGNIFICANT C DATE OF OPERATION DATE OF OPERATION ACCOUNT WAS UNDERLYING THE INTERPRET HOLES MORE ACCOUNTS TO T	DUE TO, OR A (b) DUE TO, OR A (c) ONDITIONS CON IVE CONDITIE 21b. TIME OF A HOUR A.M. P.M. 21b. PLACE OF INTERNATION OF THE INTERNATION O	AS A CONSEQUENCE STRIBUTING TO DEA ON FOR WHICH OF INJURY MONTH DAY FINJURY THE TOPY OFFICE FARE decensed from 24 her depth.	CE OF ATH BUT NOT RELATE ERATION WAS PERFO YEAR 19 711 LOCATI and that in Imy DEGREE	DRMED NJURY OCCURE 19 19 19 ATTENDING PHYSICIAN SS	288. AUTOPSY? YES NO CONTROL OF POUR CONTROL SAATURE OF POUR LID MEDICAL STA	206. IF YES IN CERTIFYED YES	EN IN PART 1:0: 5. WERE FINDINGS I VING CAUSES OF D 5. NO ART 1 OR FART 7: COUNTY 19

		Conservation 1	ILL H	L
	78	5-11-04	.080	Malo
	1212	X	. F. 2. U	.bit
Factory	797000L	Telagon	Nomicale	METER
	nain St	x ord	Caroline Greensho	.58
	Lierbuck	Nellie	1 H. Conegys	617 Iv.
droville, M	neo aypeneo	302 Pletcher	21.7-16-9	on
200				
			20 20 00	Car Sansan
o Caroline	Oreensbor	.and ordense	12-22-32 02	jurial

	11-	FOR STATE		T OF HEALTH AND MENTAL		3 1 6 4
		REGISTRAR	MEDICAL EXA	MINER'S CERTIFICATE	OF DEATH REG. NO.	
		CEASED NAME FIRST	WIDDLE	LAST	20. DATE KNOWN MON	ITH DAY YEAR 26. HOUR
S S S F.	1,	maki	E	PADDER	DEATH MATED	2- 26 1982 10AM
LEASE CTOR. FILES. FOURS	3. SE	X 4 RACE	5. DATE OF BIRTH 6 AG	E (IN YEARS IF UNDER I YR. IF UNDER		TH DAY YEAR 24 HOUR
200	151	EMAR & LACIL	10 /26/1904 7	YRS. MONTHS DAYS HOURS	MIN. PRONOUNCED DEAD 12	26 19 82 10 M
工作用		IRTHPLACE (STATE OR	7b. CITIZEN OF WHAT COUNTRY?	18	9. BALTIMORE CITY OR COL	
10000000000000000000000000000000000000	T R	OREIGN COUNTRY)	A.2 11	MARRIED NEVER MARE	RIED LI	
1910	10. C	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING	HOME OF OTHER INSTITUTION	120. USUAL OCCUPATION (TYPE OF WO	MD. RK 12b. KIND OF BUSINESS
STANDARY STANDARY			(IF NOT IN SUCH FACILITY, GIVE STREET A)	DOPRESS)	FOR MOST OF WORKING LIFE)	OR INDUSTRY
	FUSII	AL RESIDENCE (IF IN NURSING HOLD	OTHER INSTITUTION, GIVE RESIDENCE BEFORE	Lospe Caston	1 VA DOF	
E \$50000	13a. S	TATE No. SOUN	TY I I I I I I I I I I I I I I I I I I I	OWN 136 INSIDE CITY LIMITS?	13e. STREET ADDRESS	304#26
21. 21. 23. 23. 23. 24.	1	ATHER'S NAME	tipe liza		T KIFOTH	**
PPM ATH.	D	ATHER'S NAME	MIDDLE	15. MOTHER'S MAID	O MIDDLE	LAST
OPA SEES	14)03EK-	3 GOV	MA	64	RAVIS
HST., BALTIMORE, MD. 21: HOURS AFTER DEATH. IN M. 18. GIVE PAGES 1, 2. NG WITH FORM PM 3. RMIT PAGES 1 AND 2 SHEWIT PAGES 1 AND 2 SHEWI	100.	WAS DECEASED EVER IN U.S. ARA (ES, NO. OR UNKNOWN) (IF YES, GIVE	WAR OR DATES)	16-8 205 MBS L	11 EN WARPER H	ENLERSONM
AALTIN RS AFT GIVE VITH F PAGES IVISION		N3 1 -	1 /	16-3303 110		11-61-11-04-16
ST., BA HOURS A 18. G VIT PA MIT. PA NE, DIVI		18. CAUSE OF DEATH (Enter on PART I DEATH WAS CAUSED		nous long	11. N/101 11/	BETWEEN ONGET AND DEATH
ON S. 24 H ITEM LIONG PERM GIENE	1		E CAUSE (a)	may ence	ry/ reary pr	7
PRESTON VITHIN 24 CIL IN ITE NER ALO NER ALO AL HYGIE AOVAL.		and the second second second	DUE TO OBAY A CONSEDU	ENCE OF S	/	
WITHIN WITHIN ICE IN INER A RANSIT TAL HYCAL		Conditions, if any, which gave rise to immediate	b) NUMKO	umen		
ED WITH		cavse (a) stating the under- lying cover fast.	DUE TO, OR AS A CONSEQU	ENCE OF		Control of the State of the Sta
301 EX EX EX OR		1	(6)	The state of the s		
		PART 2 OTHER SIGNIFICANT CONSISTIONS	CONTRIBUTE TO DEATH BUY NOT RECEIVE TO	THE TRANSPAL DISEASE OF CONDITION SIVEN IN P.	ART I (a).	
RECORDS JID BE EXE PENDING: F. MEDING: F. MEDING: HEALTH AF	No	Augus	all all	au		
DIVISION OF VITAL RECORDS, S CERTIFICATE SHOULD BE EXE RITING THE WORD "PENDING" RDED TO THE CHIEF MEDICA F. 3 SHOULD BE USED AS A BE F. BEPARRMENT OF HEATH AN I PRIOR TO BURIAL, CREMATION	CERTIFICATION	IVE DATE OF OPERATION	196. CONDITION FOR WHICH	H OPERATION WAS PERFORMED?		28. AUTOPSY?
DIVISION OF VITAL INRE: THIS CERTIFICATE SHOULCATE, WRITING THE WORD "E FORWARDED TO THE CHIES TOR: PAGE 3 SHOULD BE USE THE STATE DEPARTMENT OF ND, 21201 PRIOR TO BURIAL, C	4 ≝					YES D NOW
F VITA WORD WORD HE CHI O BE US	1 1	21s. EXTERNAL CAUSE WAS	JIL TIME OF INJURY	714. HOW INJURY OCCURR	ED (UNTER MATURE OF INJURY IN JUAN IN PART) O	The second secon
FICATE THE WOOD THE WOLLD BRITMEN TO BUREN		UNDERLYING OR CONTRIBUTING CAUSE OF I	HOUR A.M. MONTH DAY			
CERTIFICATION TING TING TING TO SED TO 3 SHO DEPAR	MEDICAL	214 INJURY OCCURRED	21e PLACE OF INJURY (AL)	19 III LOCATION		
DIVISIO DIVISIO THIS CERTIF , WRITING 1 WARDED TO PAGE 3 SH TATE DEPAR	2	WHILE AT WORK	STREET, FACTORY, FARM, ETC.)	STARET	CITY OR HOWH	COUNTY STATE
PAG TAT 1201		AT WORK - AT WORK			A. A	
EXAMINER: CERTIFICATE, ULD BE FOR DIRECTOR: I		22s. I certify that Libbok charg	of the rempins described obove, he	ld an Autopsy 🔲 , Inspectio	Inquiry , ond in m	y opinion
AN HELEN		death resulted from: Natur	al soures , Accident	Special . Hymylide is	Andetermined manner .	
XA/XA/		15 to	101111/1/1/1	This soft you	-	10 70 0
A H L	1	SIGNATURE //	MINNO	Na M.D. NIMILLA	MEDICAL EXAMINER SIC	TE // 52
DIC.		V		W N)	
THE STATE OF THE S	1	(TYPE OR PRINT)		ADDRESS		
TO MEDICAL EXAMINER: 1 EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORV TO FUNERAL DIRECTOR: 9 AFTER DEATH, WITH THE SI BALTIMORE, MARYLAND, 21:	23a.B	URIAL CREMATION, REMOVAL	3h. DAJE / 23c. NAME	OF CEMETERY OR CREMATORY	23d. LOCATION	COUNTY . STATE
	1	870 R.Al	12/5982 Ur	wior CEM.	Goldshung	CACLINE md
DHMH-17 20M 1/73	24. F	UNE AL DIRECTOR	X		REC'D. BY REGISTRAR 256. REGISTRAR	'S SIGNATURE
(VR A15 ME (5))	1	20 met (X	ADDRESS CHESTER	elound has	1,1002 in an 2.	shelf
Control of the Control	4	-7.000,000			3 1903 0	





LICENSE SAN BY STEERING TO HEAD IN seed from - a collect to the seed on in the second of the

Honer of Edward william 18 5 18 11 5 Sustan Mineral He wish is the satisfied Milliar Wood, M.D. . Saston, vm 21601

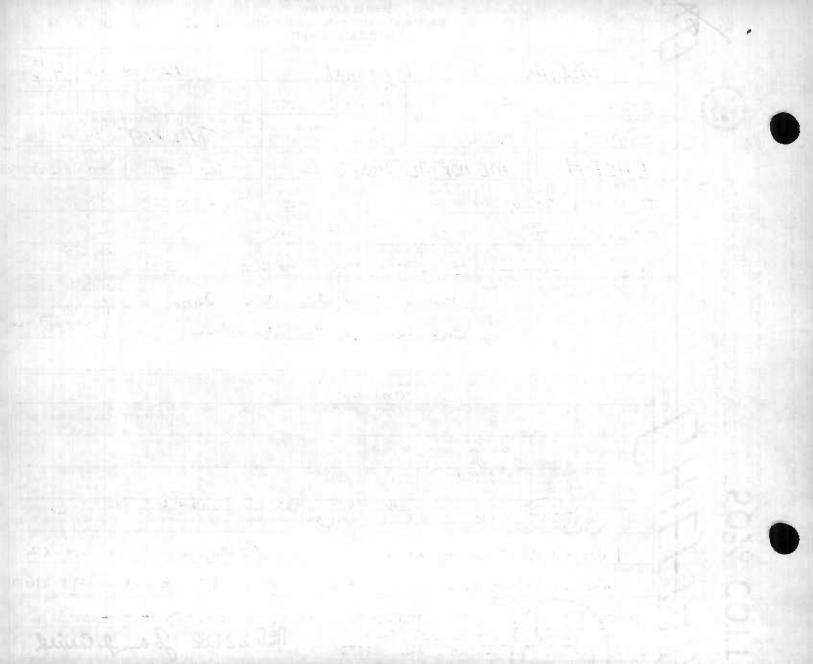
The same of						MAKTLAND		0 "1		7 1	6 7
11-22-31	1-	FOR STATE		DEPART		ATE OF DEATH	HYGIENE	0 4	2 0)	0 /
		REGISTRAR				TIL OI BLAIN		REG. NO.			
100		CEASED NAME FIRST		MIDDLE	LAST		20. DATE	OF DEATH MON			HOUR
		Albe		J.		se.		16			1:36 AM
	3. SEX		4 RACE		5. DATE OF E	DAY YEAR		(IN YEARS LAST BIRTHDA)	IF UNDE		UNDER 24 HRS
		Male	1	White	Decem	ber 1, 18			YRS.		
1		RTHPLACE (STATE OR FOREIGN OUNTRY)	76. CITIZEN	OF WHAT COUNTRY	? 8.	NEVER MARRIED	9 BALTI	MORE CITY OR CO	OUNTY OF DE	ATH	
		noldsville, I	Pa. U.	S.A.	WIDOWED [Talbot			MD.
1	10. CI	TY OR TOWN OF DEATH		OF HOSPITAL, NURS I		THER INSTITUTION		AL OCCUPATION		KIND OF BI	USINESS OR
Y	2	aston	1	emorial	HOSDI	tal.		ftsman			Instrum
-		L RESIDENCE (IF NURSING HO	WE OR OTHER INSTITUT	13c. CITY OR TO	RE ADMISSION)	I. INSIDE CITY LIMIT	S2 113 STRE	ET ADDRESS			
1	M		roline	Federal	sburg	ES 🗱 NO		tzahn Lar	10		
J	14 FA	THER'S NAME	MIDDLE	LAST	15	MOTHER'S MAIDEN	NAME				
A)	Herman Das		(ASI		Louise (Olmosk	MIDDLE		LAST	
	16a V	AS DECEASED EVER IN U.S				INFORMANT		ADDRESS			655
2	()	ES NO OR UNKNOWN) (IF YE	S. GIVE WAR OR DATES	271-01-	1408A G	ladys A. 1	Bletsh,	P.O. Box	208,	Prest	on, Md.
1		18. CAUSE OF DEATH (Ent	er anly one cause	per line lor (a), (b), a	nd (c).)		\	- 0	В	APPROXIMAT	E INTERVAL ET AND DEATH
Ì		PART I. DEATH WAS CA	USEĎ BY: DIATE CAUSE (0)	Or ite	Murieca	idral	mear	t.		Rous	
		4100		0.00	WELCO'S.		1	,	01 10		5-00
- 1		Conditions, if ony, which	DUE TO	Page	Ville	Carlea	- an	rest 2	10 E	1 6	with
_		gove rise to immediat	e)	OR AS A CONSEQU	Accord	1				1	
-		underlying cause las		Cerch	2 Un	cen do	ver	0	7.1		
		PART 2 OTHER SIGNIFICA	NT CONDITIONS	CONTRIBUTING TO	DEATH BUT NO	T RELATED TO THE	TERMINAL THE	ASE OR CONDITION	ON GIVEN IN F	PART 1(p	
	NO										
	ATI	190 DATE OF OPERATION	19b. CO	NDITION FOR WHICH	H OPERATION V	VAS PERFORMED	20a A	UTOPSY? 201	. IF YES, WERE	FINDINGS	USED
11	INFIC						YES [CERTIFYING (NO T
H	CERTIFICATION	21a. ACCIDENT WAS UNDERLYIN		E OF INJURY	2	L HOW INJURY OC	CURRED (ENTE	-	TEM 18 PART I OR	PART 2)	
7		OR CONTRIBUTING CAUSE C	PERIN	A.M. MONTH E	DAY YEAR						
	WEDICAL	21d. INJURY OCCURRED	21e. PLA	CE OF INJURY	2	LOCATION			- 40	distry	514**
	ME	WHILE NOT WHILE T	(AT HOME	STREET, FACTORY, OFFICE,	FARM, ETC)	STREET		CITY OR TOWN	CO	UNTY	STATE
		220.1 certify that (1) (this I	nosputal attended	the deceased from		2/13 104	720	12/1	9 19	Zeho	4-(1) (we) lost
		sow the deceased glie	Con	12/19.	Cond 1	hat in (my) (our opi	nion death acc	urred on the date o	nd hour and la		
		above, (1) (96) (diet) (d	of the view the be	y alter death.	ALI DE	GREE			22	c. DATE SIG	NED (
		IVQ.	MC) the	m	ATTENDIN	G MEDIC			L DATE SIG	16/05
\dashv		226. PHYSICIAN'S NAME	THE CHEMINA		12	PHYSICIA ADDRESS	N DIKECT	OR PHYSICIAN			
		P.G.BTT		M	7	100 Date	6 310 0	01.8	Easton	Med.	71601
	0.0	1,00,10000	LUHOI.		-		W. MON	OCATION .		1	
		URIAL, CREMATION, REMO	Dec.		NAME OF CEM	Het chte	COM (236. U	CITY OR TOWN	Oht a COUN	TY	STATE
0	24 51	INERAL DIRECTOR /	Dec.	10,1904	FOOKIYN			BY REGISTRAR 256.		SIGNATURE	-
2	1	NAME L	V.	7 LADDRES	1 . 1	73 200	LIAN	3 1983	al (2 C	
	71	Impotom It	worken	11/1	Educe	downs	AUM	0 1000	my	~ wh	W.

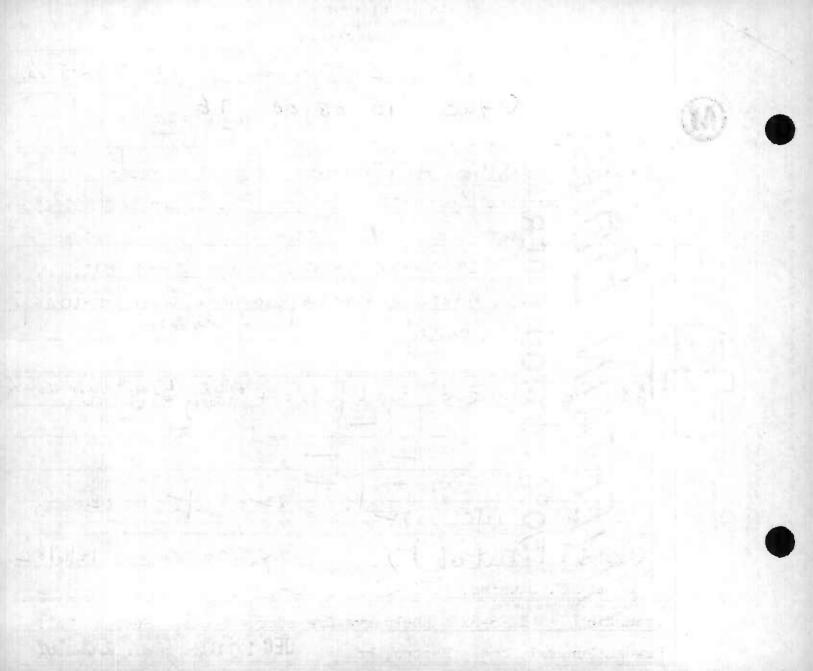
(TE T) Reynoldsville, as efficiences murrant Isotated ____ remediatio Paryland Caroline Federalsbury X - Contacts Lane Lowise Dimonic Coronii Dago 271-01-1408A Gladys A. Bletsh, P.O. Box 208, Preston, Fa. Dec, 18,1962 Brooklyn Heights Dem, Cleveland, Onto

(VRA 15, 4)

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

F. L. 21 8 27 8 27 to be the second of the second Easter St. Mangard Hayers Housewiff & Thouse 15 - Bit History & I. Park and the London State of State BUILD AND LINE OF THE PARTY OF Charles of the Control of the Contro THE REPORT OF THE PROPERTY OF THE PARTY OF T





526 Union

- STATE

REGISTRAR

24. FUNERAL DIRECTOR

NAME

DHMH - 16 50M 4/82

(VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

7b. HOUR

17h KIND OF BUSINESS OR

IF UNDER 24 HRS

82

IF UNDER 1 YEAR

INDUSTRY

YES [

COUNTY

COUNTY

Sussex

224. DATE SIGNED

Johns on

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

NO [

STATE

atti autos la presidente de la composición del composición de la composición de la composición de la composición del composición de la composición del composición de la composición del composición de la composi .o...vanisieodi neem letonota vyan-v -602

Abulan Abulan I an I water 350

A		FOR	DED A DI	MENT OF HEALTH AND MENTAL HY	CIENC R 9	3 3 1 7 2
4	1	STATE REGISTRAR	OLI AKI	CERTIFICATE OF DEATH	REG. N	0.
/		CEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH	MONTH DAY YEAR 26 HOUR 9
ny be	1	HARRY		GROCE		12 4 82 10 A
4 moy	3. SE	×	4. RACE	5. DATE OF BIRTH MONTH DAY YEAR	6. AGE (IN YEARS LAST BIR	THDAY) IF UNDER TYEAR IF UNDER 24 HRS MONTHS DATS HOURS MIN.
000	70 B	IRTHPLAGE (STATE OR FOREIGN	76. CITIZEN-OF WHAT COUNTRY	8 31 02	B BALTIMOPE CITY C	YRS. PR COUNTY OF DEATH
death. Page uneral dilina hin 72 reun of one		COUNTRY	WHAT COUNTRY	MARRIED NEVER MARRIED WIDQWED DIVORCED	TALK	ROT
by the fulled with	10. C	MY OR TOWN OF DEATH	IF NOT IN SUCH FACILITY, GIVE STREE		17a. USUAL OCCUPAT	
ours on in by se file	USU	AL RESIDENCE AIR NURSING HOME OR	OTHER INSTITUTION GIVE RESIDENCE BEFO	MONIAL HOSP.		
filled ould b	13e.	STATE 136 COUN	1604 Cardon	NN 13d. INSIDE CITY LIMITS?	13. STREET ADDRESS	al 39
etely 12 sh	14. F.	ATHER'S NAME	MIDDLE LAST	15. MOTHER'S MAIDEN NA	AME	TAST
y bato		Honey	Groce	Lacerso		Barter
n and co		VAS DECEASED EVER IN U.S. ARA YES, NO OR UNKNOWN) { IF YES, GIVE	MED FORCES? 166 SOCIAL SEC E WAR OR DATES)	URITY NO. 17. INFORMANT	ADDRI	
ه ښو م		710 -	- 217.30.	8198 1121	/	Groce.
oper oval. nt, th		18 CAUSE OF DEATH (Enter onl PART I, DEATH WAS CAUSED	ly one couse per line for (a), (b), o D BY:	ndicil Ala dandi	a sular-	APPROXIMATE INTERVAL BETWEEN ON SET AND DEATH
bang rem		4100 IMMEDIAT		e vy wiera	Oragorac	our the
ottendii ove carl tian, or oumatii		ON THE RESERVE	DUE TO, OR AS A CONSEQU	JENGE OF	/	
move motio		Conditions, if any, which gove rise to immediate	(b) 11/ 3/	11)		
by th ise re cren ather		couse (0), stating the underlying couse last.	DUE TO, OR AS A CONSEQU	JENCE OF		
pleo priot,		PART 2. OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERM	WINAL DISEASE OR CON	DITION GIVEN IN PART 1/n
Then to b	Z					
prior ony	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	HOPERATION WAS PERFORMED	20a AUTOPSY?	206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?
has t per iene	IF				YES NO	YES NO
	18	71g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	116. TIME OF INJURY	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PART 1 OR PART 2)
aling prys as certifica burial-trai I Mental Hy ar Item 18	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER)	in .	19		
	ED I	214 INJURY OCCURRED	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,	FARM ETC) STREET	CITY OR TO	WN COUNTY STATE
After the os the olth and morked	*	AT WORK NOT WHILE AT WORK		- Vel d-	2 12 1	1. 0-
			oi) attended the deceased from	21,019	, to 10/	, 19, that (I) (we) los
prito for of the		sow the deceased dive on obove, (1) (we) (did) (aid not	t) view the body after death	ond that in (my) (our) apinion	death occurred on the d	ote and hour and from the causes stated
hosp IREC Ished f bept. o Item		276. SIGNATURE	1110	DEGREE		221. DATE SIGNED
RAL D detoc tote D detoc		W.	10W200	ATTENDING PHYSICIAN	DIRECTOR PHYSIC	
FUNERAL I'd be det the Stote ORTANT:	1	774 PHYSICIAN'S NAME (TYPE OF	R PRINT)	22e. ADDRESS		
		l W'	A WOOD) EAS	STON, N	\sim
sho of short		BURIAL, CREMATION, REMOVAL	236. DATE / 23c.	NAME OF CEMETERY OR CREMATORY	23d LOCATION	
3P		(\$	12/11/82	Robinson	- Girage	ll 794 - STATE
1 - 16 50M 4/82	24 F	UNERAL DIRECTOR	() 1 20		ME DEC'D. BY REGISTERS	256 REGISTRAR'S SIGNATURE LIVE
(VRA 15 4)	10	XT O	1/2/19	Sallan ud	EU / - 130C	Jours.

1937 THE THE MAN THE MOT 337 90 124 39 md Talfet Contexa Harry Grece Lawre Buther 20 - 2150 8198 Park Buck The said of the sa 12/11/82 Roberson Committee 80 200 She will be the second of the second of

FOR - STATE REGISTRAR

VI a

160 WAS DECEASED EVER IN U.S. ARMED FORCES?

TYPE OR PRINTS

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

DATE OF BIRTH

OCT.

WIDOWED

3	2	3

9 BALTIMORE CITY OR COUNTY OF DEATH

116	IENE S SS		0	J		,	4
	REG.	NO.					
	20 DATE OF DEATH	HTMOM	8-		a a	26 HOL 93	DA M
	6 AGE (IN YEARS LAST	BIRTHDAY)	IF UI	DER 1	YEAR	IF UNDER	24 HRS
2	70	YRS	MON	н5	DAYS	HOURS	MIN

OWNER-OPERATOR SEAFOOD

1. DECEASED NAME 3 SEX

FEWALE BIRTHPLACE I STATE OR FOREIGN COUNTRY

10 CITY OR TOWN OF DEATH

130. STATE

U.S.A.

76. CITIZEN OF WHAT COUNTRY?

WHITE

NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION SUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)

13c. CITY OR TOWN

BOZMAN

166 SOCIAL SECURITY NO.

212-09-468

196 CONDITION FOR WHICH OPERATION WAS PERFORMED

13d INSIDE CITY LIMITS?

YES [

MARRIED NEVER MARRIED

13e STREET ADDRESS

120 USUAL OCCUPATION

(TYPE OF WORK FOR MOST OF WORKING LIFE

MIDDLE

COMAPANY 21612

LAST

INDUSTRY

126 KIND OF BUSINESS OR

14 FATHER'S NAME

WARYLAND

(YES NO OR UNKNOWN)

NO

(IF YES, GIVE WAR OR DATES)

TALBOT

136 COUNTY

MARY JONES 17. INFORMANT

ANNE H. HUGHES

NO

15. MOTHER'S MAIDEN NAME

1.91

DIVORCED

ADDRESS STAR ROUTE 21.61.2 BOZMAN, Md.

18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate

DUE TO, OR AS A CONSEQUENCE OF

CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)
21d IN ILIRY OCCURRED

NOT WHILE

couse (a), stating the

underlying cause last.

190 DATE OF OPERATION

216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 21e PLACE OF INJURY

AT HOME STREET, FACTORY, OFFICE, FARM, ETC 1

216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

21f. LOCATION STREET

COUNTY CITY OR TOWN

YES T

AT WORK	AT WORK					
220.1 certify	that (1) (this h	naspital)	attended	the	deceosed	from
sow the	deceased always	e on	12	· Car	6	19.

WHILE

CERTIFICATION

MEDICAL

00

DEGREE

1 MEDICAL STAFF DIRECTOR PHYSICIAN

BOZMAN

20n AUTOPSY?

19 . and that in my (aur) apinion death occurred on the date and hour and from the causes stated

NOL

20b. IF YES, WERE FINDINGS USED

IN CERTIFYING CAUSES OF DEATH?

Terry Detrich, M.D.

Easton, Md. 21601

ATTENDING

PHYSICIAN

230. BURIAL, CREMATION, REMOVAL BURIAD

23b. DATE DEC. 23c. NAME OF CEMETERY OR CREMATORY 982 BOZMAN CEMETERY

22e ADDRESS

TALBUT

DHMH - 16 50M 1/B1 (VRA 15, 4)

BP.

FUNERAL old be deto MPORTANT

> 24 FUNERAL DIRECTOR NAME -

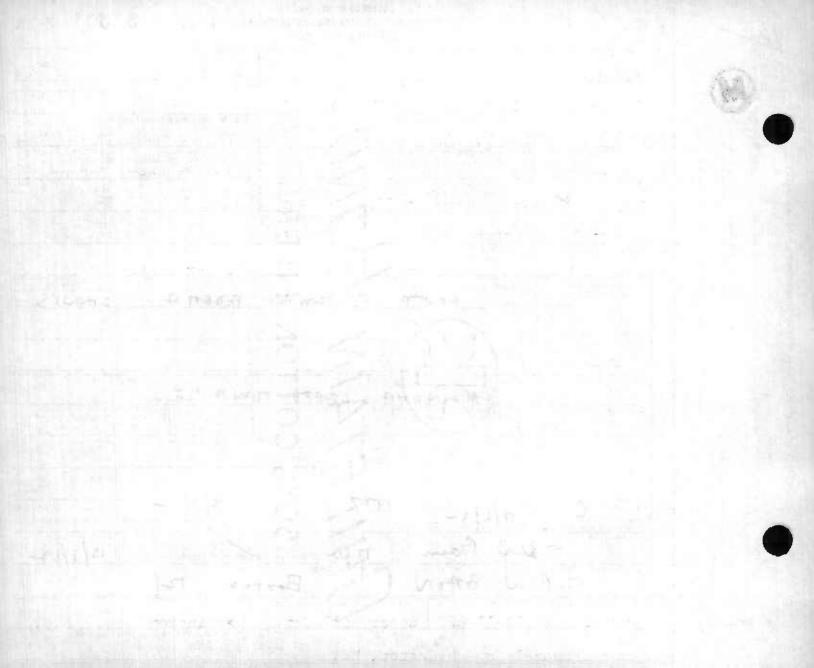
250 DATE REC'D. BY REGISTRAR

23d. LOCATION

STATE

TRAVES & CO.	E Enstalde	ash & ea	6/A
	er Stet, ti-		
Totales		.8	WILLY
Linding Comments	-iz wo i toriqe:	H 161 path 9A	
Storger to Agen	Samua Lines	Sindle of	
	ocaliba ya suma 1986 Maranta Maranta M		
	Sameon, Md. 215 4	.n.ahat	Darry Sour
	na i lanicat indo	a salph well .ca	ALLIUB

	1			STATE OF MARYLAND		N-2 604 15 6/73
	1.	FOR STATE REGISTRAR	DEPA	RTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	reg. NO.	3 3 1 7 4
		CEASED NAME FIRST	WIDOLE	LAST	20 DATE OF DEATH MONTH	DAY YEAR 26. HOUR
(T)	(116	ALICE.	Ε.	Hansen	12-8-821	d. 30
	3 SE	x	4. RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HKS
		Female	Caucasian	MAR. 19 1896	86 yr	MONTHS DAYS HOURS MIN.
P P P	7a. B	RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTE		9 BALTIMORE CITY OR COUN	
heart in 72	Di:	strict Colum	bia U.S.A.	WIDOWED DIVORCED	Ta150T (TOURT Y-HD MI
he fu	10. C	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NUR	SING HOME OR OTHER INSTITUTION	12a USUAL OCCUPATION	126 KIND OF BUSINESS OR
by filled	0 6	eston HD	William H	(20 00 (20 /1:	Office Manage	
d in	130 130	AL RESIDENCE (IF NURSING ID)	OR OTHER INSTITUTION GIVE RESIDENCE BE			
filled novid b		Md. Quee		nville YES NO IX	R.D. 1	21639
etely d 2 sh	14 F	ATHER'S NAME	MIDOLE LAST	15. MOTHER'S MAIDEN N	AME	LAST
ond S	2	Daniel	Webster Bruc		MIDDLE	Wingate
Poges 1			RMED FORCES? 166 SOCIAL SE	CURITY NO. 17. INFORMANT	ADDRESS	
Pog		No	577-03	-3044 Fred B. R	hodes Arlingt	con. VA.
that the death ce d by the attendin lease remave carb ial, cremation, ar i ar ather traumatic		Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.	(b) DUE TO, OR AS A CONSEC			
requires on signe or to bur injury, s	NO	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING T	O DEATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR CONDITION OF	GIVEN IN PART 1(0)
The law reician. te has beer sit permit. giene prior	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHI	CH OPERATION WAS PERFORMED		YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH? YES NO
ding physici ding physici is certificate burial-transi Mental Hygis or them 18 sh		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE		DAY YEAR 21c. HOW INJURY OCCU	IRRED (ENTER NATURE OF INJURY IN ITEM	18, PART 1 OR PART 2)
ng p ng p riol- riol- riol- fem frem	N S	(IF EITHER, NOTIFY MEDICAL EXAMIN	EMIN .	19		
the but ond W	MEDICAL	21d. INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFI	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
After this e os the bu	-	AT WORK NOT WHILE AT WORK				
Heolins m			pital) attended the deceased from	,	10 12 8 82	, 19, that (I) (we) lost
ATTE Spite CTO d for n 21			not) view the bady after death.		n death accurred an the date and l	hour and fram the couses stated
OR A he has DIREC ached Dept. If Item		226. SIGNATURE	1111 Ba.	DEGREE ATTENDING	MEDICAL STAFF	220 DATE SIGNED
J - J + 0	4	,	por loca	PHYSICIAN	DIRECTOR PHYSICIAN	12/8/85
P P P P P P P P P P P P P P P P P P P		27d, PHYSICIAN'S NAME (TYPE	-W. BARN	22e. ADDRESS	eton, M	
of Odin	23a.	BURIAL, CREMATION, REMOVA	L 23b. DATE 23	NAME OF CEMETERY OR CREMATORY	23d. LOCATION	
BP		Burial	12-11-82	Cedar Hill Cem.	Washington	D . C .
H-16 30M 2/80	24 F	JNERAL DIRECTOR		25q. D.		ISTRAR'S SIGNATURE
(VRA 15, 4)		Name Norman Erman	ACCRES	ston Md	10 10 1906 /	my round



1. SAX 4. RACE 1. DATE OF BIRTH 2. DATE OF				STATE OF MARYLAND		
THE CAUSE OF BEATH Enter poly one course per line for icu, (b), and ici) The ADS DECEASE DEVER IN U.S. ARMED FORCES? THE ADS DECEASED EVER IN U.S. ARMED FORCES? THE ADS DECEASED EVER IN U.S. ARMED FORCES? THE ADS DECEASED EVER IN U.S. ARMED FORCES? THE CONTROL OF DEATH THE CONTROL OF THE	51	1.	STATE			5 5 1
1. SEX 1	1	1. DE		MODIE AAST		AY YEAR 26. HOL
ABATHERACE SHERTOFFORION DATE	-	17594	Same	119 Li Howard	12-1-	12 11
As BRITHRASE TOTAL COUNTY ASTROCOMENT		3, 58	(1.1		6. AGE (IN YEARS LAST BIRTHDAY)	
ARRIED NOW		1	wale	BIK 7 3 41		
10 CITY OR TOWN OF DEATH	410		RTHPLACE INTATE OF FOREIGN 76.	MARRIED NEVER MARRIED	A BALTIMORE CITY OR COUNTY	OFPEATH
CAUSE OF DEATH (Emission) Conditions (a dry) which one resident process (a dry) which one residence of the part of the par	-	10 C	TY OR TOWN OF DEATH		12a USUAL OCCUPATION	125 KIND OF BUSIN
13a STATE Name 13c CITY OR TOWN 13c STREET ADDRESS 15c STREET	8	3	as tous	(IF NOT IN SPICE) FACILITY, GIVE STREET ADDRESS)	(TYPE OF WORK FOR MOST OF WORKING LIFE	
18 FATHER'S NAME 18 MODIE 1	a por	13a S	AL RESIDENCE (IF NURSING HONE OF OTH			
186 WAS DECEASED EVER IN U.S. ARMED FORCES? 186 SOCIAL SECURITY NO. 17. INFORMANT ADDRESS 186 SOCIAL SECURITY NO. 18. INFORMANT 18.	20		me TAI	bod Essten YES X NO [Honson	st
186 WAS DECEASED EVER IN U.S. ARMED FORCES? 186 SOCIAL SECURITY NO. 17. INFORMANT ADDRESS ("YES, NO OR INANSWING IN COMMUNE OR DATE) 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) 19. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) 19. MELINERIOUSE AND ARE INTEREST. 18. MELINERIOUSE AND AREST. 18. MELINERIOUSE AND ARE INTEREST. 18. MELINERIOUSE AND	The contract of	14 FA			WIDDLE	LAST
The continue of the continue	4-1	160.	VAS DECEASED EVED IN ILS ADME			shed
PART 1. DEATH WAS CAUSED BY MAMEDIATE CAUSE (a) PN FUMO COCCAL PNEUM AN I A S DE	medica	()	(IF YES, GIVE W		Carol Horas	e CAL
PART 1. DEATH WAS CAUSED BY MAMEDIATE CAUSE (a) PN FUMO COCCAL PNEUM AN I A S DE	å l		18 CAUSE OF DEATH (Enter only o	one cause per line for (a), (b), and (c),	-Crace C 11 cons	APPROXIMATE INTE
DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (ol.) storting the underlying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0 190 DATE OF OPERATION 190 CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR 210. ACCIDENT WAS UNDERLYING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR 210. MONTH DAY YEAR 211. MONTH DAY YEAR 211. MONTH DAY YEAR 211. MONTH DAY YEAR 212. ACCIDENT WAS UNDERLYING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR 213. MONTH DAY YEAR 214. MONTH DAY YEAR 215. HOW INJURY OCCURRED (ENTER NATURE OF MURRY IN TIEM 18 PART 1 OR PART 2) 216. ACCIDENT WAS UNDERLYING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR 216. HOW INJURY OCCURRED (ENTER NATURE OF MURRY IN TIEM 18 PART 1 OR PART 2) 216. ACCIDENT WAS UNDERLYING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR P.M. 19 216. MACCIDENT WAS UNDERLYING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR P.M. 19 216. MACCIDENT WAS UNDERLYING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR P.M. 19 216. MACCIDENT WAS UNDERLYING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR P.M. 19 216. MACCIDENT WAS UNDERLYING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR P.M. 19 216. MACCIDENT WAS UNDERLYING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR P.M. 19 216. MACCIDENT WAS UNDERLYING CAUSE OF MILES OF MURRY IN TIEM 18 PART 1 OR PART 2) AND WHITE NOT WHITE OF MURRY IN TIEM 18 PART 1 OR PART 2) AND WHITE NOT WHITE OF MURRY IN TIEM 18 PART 1 OR PART 2) AND WHITE NOT WHITE OF MURRY IN TIEM 18 PART 1 OR PART 2) AND WHITE NOT WHITE OF MURRY IN TIEM 18 PART 1 OR PART 2) AND WHITE NOT WHITE OF MURRY IN TIEM 18 PART 1 OR PART 2) AND WHITE NOT WHITE OF MURRY IN TIEM 18 PART 1 OR PART 2) AND WHITE NOT WHITE OF MURRY IN TIEM 18 PART 1 OR PART 2) AND WHITE NOT WHITE OF MURRY IN TIEM 18 PART 1 OR PART 2) AND WHITE NOT WHITE OF MURRY IN TIEM 18 PART 1 OR PART 2) AND WHITE NOT WHITE OF MURRY IN TIEM 18 PART 1 OR PART 2) AND WHITE NOT WHITE OF MURRY IN	vent,		PART I. DEATH WAS CAUSED B	Y: PNFILMACOCCA PIFILM	IdNIA	
Conditions, if ony, which gove rise to immediate couse (of), stelling the underlying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:10 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:10 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:10 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:10 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:10 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:10 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:10 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:10 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:10 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:10 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:10 PART 2 OTHER SIGNIFICANT CONDITION TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:10 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:10 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:10 PART 2 OTHER SIGNIFICANT CONTRIBUTION TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:10 PART 2 OTHER SIGNIFICANT CONTRIBUTION TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:10 PART 2 OTHER SIGNIFICANT CONTRIBUTION TO THE TERMINAL DISEASE OR CONDITION TO THE TERMINAL DISEASE OR CONDITION T	offic e		3030			
DUE TO, OR AS A CONSEQUENCE OF Underlying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART TO THE TERMINAL DISEASE OR C	ac ac				LIEM	5 42
PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 19a DATE OF OPERATION 19b CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 17b IF YES, WERE FINDINGS US IN CERTIFYING CAUSES OF DEATH OR CONTRIBUTION OR CONTRIBUTION CAUSE OF DEATH OR A.M. MONTH DAY YEAR 19 P.M. 19 21d. NOCONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR 19 P.M. 19 21d. INJURY OCCURRED 21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR 19 P.M. 19 21d. INJURY OCCURRED 21c. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 21l. LOCATION STREET CITY OF TOWN COUNTY DEBTOR OF THE MODERN OF TH	er tr		couse (a), stating the	DUE TO, OR AS A CONSEQUENCE OF		
196 DATE OF OPERATION 197 PES NO NO NO NO NO NO NO NO NO N	roth		underlying couse lost.			
196. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 206. AUTOPSY? 216. INCOMPTINE CAUSES OF DE. YES NO YES NO YES NO NO 216. INJURY MEDICAL EXAMINER) 216. PLACE OF INJURY (If ETHER, NOTIFY MEDICAL EXAMINER) 216. INJURY OCCURRED 216. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 217. LOCATION SIRRET 228. I certify that (I) (this backital) ottended the deceosed from 12 on that in (my) (our) opinion death occurred on the date and hour and from the couses obove, (I) (my) (did not) view the body offer death. 229. SIGNATURE 220. PHYSICIAN'S NAME (TYPE OR PRINT) 220. DATE SIGNE 220. DATE	٥٠,٠	z	PART 2 OTHER SIGNIFICANT COM	NDITIONS <u>CONTRIBUTING TO DEATH</u> BUT NOT RELATED TO THE TERM	MINAL DISEASE OR CONDITION GIVE	N IN PART 110
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED 21d. HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 21d. INJURY OCCURRED 21d. INJURY OCOURTED 21d. INJURY OCCURRED 21d. INJURY OCCURRED 21d. INJURY O	any in	ATIO	19s DATE OF OPERATION	19b CONDITION FOR WHICH OPERATION WAS PERFORMED	20g AUTOPSY? 20b IF YES.	WERE FINDINGS USI
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED 21d. HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 21d. INJURY OCCURRED 21d. INJURY OCOURTED 21d. INJURY OCCURRED 21d. INJURY OCCURRED 21d. INJURY O	0 Sm	IFIC				
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED 21d. HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 21d. INJURY OCCURRED 21d. INJURY OCOURTED 21d. INJURY OCCURRED 21d. INJURY OCCURRED 21d. INJURY O	18 sho	CERT	21a. ACCIDENT WAS UNDERLYING			
216. INJURY OCCURRED 216. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 217. LOCATION STREET 218. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 218. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 219. STREET 210. LOCATION STREET 211. LOCATION STREET 211. LOCATION STREET CITY OR TOWN COUNTY THE OR TOWN COUNTY 212. LOCATION STREET CITY OR TOWN COUNTY ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR 212. DATE SIGNE 212. DATE SIGNE 213. PHYSICIAN DIRECTOR 213. BURIAL, CREMATION, REMOVAL 213. DATE 213. NAME OF CEMETERY OR CREMATORY 213. DATE REGISTRAN 25. LIBS ISTRAN 25. COUNTY COUNTY COUNTY COUNTY 226. DATE SIGNE 227. DATE SIGNE 228. DATE SIGNE 229. DATE SIGNE 220. DATE SIGNE 220. DATE SIGNE 220. DATE SIGNE 221. DOCATION CITY OR TOWN COUNTY COUNTY COUNTY PAGE 18. 220. DATE SIGNE 221. DATE SIGNE 222. DATE SIGNE 223. DATE SIGNE 224. FUNERAL DIRECTOR 225. DATE REC'D. BY REGISTRAN 25. LIBS ISTRAN'S SIGNATURE	E (4)	-				
22a. I certify that (I) (thus bosoid) attended the deceased from	20	EDIC		218. PLACE OF INJURY 211. LOCATION	CITY OF TOWN	COUNTY
sow the deceased alive on	marked	¥	WHILE NOT WHILE	(AT HOME, SINEET, FACTORY, OFFICE, FARM, ETC.)		
Obove, (1) (we) (did) (did not) view the body ofter death. 72b. SIGNATURE DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN COUNTY 27d. PHYSICIAN'S NAME (TYPE OR PRINT) 27d. PHYSICIAN'S NAME (TYPE OR PRINT) 27d. PHYSICIAN'S NAME OF CEMETERY OR CREMATORY CITY OR IQUAN COUNTY COUNTY COUNTY COUNTY Proce the			22a.1 certify that (I) (this haspital)	offended the deceased from 12 19 5-2		9 } , that (1)
276. SIGNATURE DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN 276. PHYSICIAN'S NAME (TYPE OR PRINT) 276. ADDRESS 276. DATE SIGNE 1 2 - 2 - 2 276. D	21 is		sow the deceased alive an obove. (1) (we) (did) (did not) v		death accurred on the date and hour	and from the couses
PHYSICIAN DIRECTOR PHYSICIAN DIR	Hem			DEGREE		22c. DATE SIGNED
12/8/82 MOUTES DATE COUNTY COU	五		Styph	6 Clare (ND ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	12-2-8
12/8/82 MOUTES DATE COUNTY COU	RTAN		224. PHYSICIAN'S NAME (TYPE OR PR	(NT) 220 ADDRESS		
72/8/82 MOUTER 12/8/82 MOUTER 1250 DATE REC'D. BY REGISTRAN 250. CHANTER.	IMPORTANT:	230	NIDIAL CREATER TO THE TOTAL A	226 DATE 12% NAME OF CEMETERY OF CREMATORY	123d LOCATION	
74 FUNERAL DIRECTOR 256 DAIE REC'D. BY REGISTRAR'256. CHS ISTRAR'S SIGNATURE A	- 1				CITY OR TOWN	COUNTY
		24 FI	UNERAL DIRECTOR		TE REC'D. BY REGISTRAR 256. THE SIST	PAR'S SIGNATURE
		-	X Conge ou	aprily proper ma	A. J. J.	

ALB. 148A TELEBERT Carried Millian Lange Land THE TRIBER SISTERS X MARSON SEE willia Barrel = Frank Goskid Conta Line Amend to 12/8/82 VA JULIER / HALP HOUR RINGE DEC

FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR I. DECEASED NAME 20. DATE KNOWN (TYPE OR PRINT) ESTI-DEATH MATED SEX 4 RACE DATE OF BIRTH 6 AGE (IN YEAR IF UNITER 24 HRS 2c. DATE LAST BIRTHDAN PRONOUNCED DEAD a BIRTHPLACE (STATE OR 76. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH FOREIGN COUNTRY) MARRIED NEVER MARRIED WIDOWED DIVORCED ANY ID CITY OR TOWN OF DEATH IL NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 126. KIND OF BUSINESS OR INDUSTRY 38 SUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE REJUDENCE INFORMAL 136. COUNTY LIC CITY OR THIWN a. STATE 156. INSIDE CITY LIMITS? +3e. STREET ADDRESS NO W 14. FATHER'S NAME IS. MOTHER'S MAIDEN NAME MIDDLE MIDDLE FIRST LAST FIRST RAUT ARC 160. WAS DECEASED EVER IN U.S. ARMED FORCES? ADDRESS 165 SOCIAL SECURITY NO (YES NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) CAUSE OF DEATH (Enter only one couse per ling) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (6) DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. AMD PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) ALTH A CERTIFICATION IVa DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 28. AUTOPSY? DEPARTMENT OF PRIOR TO BURIAL 2 71s EXTERNAL CAUSE WAS THE TIME OF INJURY THE HOW INJURY OCCURRED SENSES MATTER OF MAJORS OF FIRM THE PART I DRIPART 2) SHOULD HOUR A.M. MONTH DAY YEAR OR UNDERLYING 0 CONTRIBUTING CAUSE OF DEATH P.M. 214 INJURY OCCURRED 21e PLACE OF INJURY TATHOME TH LOCATION STREET, FACTORY, FARM, ETC.) STREET STATE CITY OF TOWN COUNTY WHILE AT WORK AT WORK EXECUTE THE CE...
FACE 4 SHOULD BE FC...
FACE 4 SHOULD BE FC...
FACE AND THE FOR THE ST. AFTER DEATH, WITH THE ST.
BALTMORE, MARYLAND, 21 72s. I certify that Plack orge withe remains described above, held an Autopsy death resulted Indetermined manner ACTUAL MEDICAL EXAMINER EXAMINER'S NAME Talbot St. R. Lane Wroth, M.D. St. Michaels, Md. 21663 TYPE OR PRINT ADDRESS 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION 230. BURIAL, CREMATION, REMOVAL 23b. DATE COUNTY STATE CITY OR TOWN DHMH-17 20M 1/73 24. FUNERAL DIRECTOR 25a. DATE REC'D. BY REGISTRAR 25M. REGISTRAR'S SIGNATURE @ (VR A15 ME (5)) NAME

The read of the Theolish

Gonce F.H. 4001 Ritchie Hgwy

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

(VRA 15, 4)

tedats (72 print of the selection of the contest of larger A. compon named the neglect off-09-91 at the Common (same as 17s) at the second of th learnes d. Longe L.M. 4001 Altonia ewy. Dig. W. 1864 J. A. 1806 J. Hard

	1-	FOR STATE REGISTRAR	DEPA	RTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	(GIENE 8 2 REG, NO.	3317
75	{ TYPE	CEASED NAME CAPRINT)		Kirby	20. DATE OF DEATH MONTH	4-82 8 8
	3. SE	EMALE	NEGROE	AUG. 190	6. AGE (IN YEARS LAST BIRTHDAY) 79 YRS	MONTHS DAYS HOURS
un 72 ho		RTHPLACE (STATE OF FOREIGN	76. CITIZEN OF WHAT COUNTI U . S . A .	MARRIED NEVER MARRIED WIDOWED NOVORCED	9 BALTIMORE CITY OR COUNTY OF COUNTY	TY OF DEATH
by the fulled with filled with		Caston	(IF NOT WHEACHITY, GIVE ST	ia Hospital	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING HOUSEWIFE	126. KIND OF BUSINES INDUSTRY HOME
y filled in should be	13a. S		NTY 13t. CITY OR T	OWN 13d. INSIDE CITY LIMITS?	130. STREET ADDRESS 1.08 RAILRO	AD AVE.
completely is 1 and 2 sho	14. FA	THER'S NAME FIRST JOHN B.	ROBERTS LAST	15. MOTHER'S MAIDEN N JUSEPI	HINE GREEN	LAST
Pages 1	16a. V	VAS DECEASED EVER IN U.S. AR yes, no or unknown) (18 yes, giv	MED FORCES? 16b. SOCIALS VE WAR OR DATES) 1.96-26		ADDRESS 08	
signed by the ottendin hen please remove carb to burial, cremation, ar ijury, ar ather traumatic	NOI	PART 2. OTHER SIGNIFICAN C	CONDITIONS CONTRIBUTING	TO DEATH BUT NOT RELATED TO THE TER	RMINAL DISEASE OR CONDITION OF	GIVEN IN PART 1(a)
ins been spermit. The perior to we ony inj	IFICAT	196. DATE OF OPERATION	196 CONDITION FOR WH	ICH OPERATION WAS PERFORMED	U IN CER	
hysician. icate has been stransit permit. The Hygrene prior to 18 shows ony inj	CAL CERTIFICATION		21b. TIME OF INJURY HOUR A.M. MONTH	21c. HOW INJURY OCCU	V IN CER	TIFYING CAUSES OF DEATH YES NO
nding physician. iis certificate has been shuid-fransit permit. The Mental Hygiene priar it are them 18 shows ony inj	MEDICAL CERTIFICAT	196. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	21b. TIME OF INJURY HOUR A.M. MONTH	DAY YEAR 19 21f. HOW INJURY OCCU	YES NO NO IN CER	TIFYING CAUSES OF DEATH YES NO 8 PART I OR PART 2)
pital or attending physician. (10R: After this certificate has been store use as the burial-transit permit. The of Health and Mental Hygiene prior to at Health and Mental Hygiene prior to 1 is marked at them 18 shows any injury.		196. DATE OF OPERATION 218. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEA (IF EITHER NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK 226.1 certify that (1) (this haspi saw the deceased alive an above, (1) (was 14444 (e)) of no above, (1) (e) (e) (e) (e) (e) (e) (e) (e	21b. TIME OF INJURY HOUR A.M. MONTH P.M. 21e. PLACE OF INJURY (ATHOME, STREET, FACTORY, OFF-	DAY YEAR 19 21f. HOW INJURY OCCU 21f. LOCATION STREET m , ond that in (my) (aur) apinio	YES NOT IN CER	TIFYING CAUSES OF DEATH YES NO S 8 PART I ORPART 2) COUNTY STA COUNTY STA Our and from the causes state
by the hospital or attending physician. RAL DIRECTOR: After this certificate has been stated befached for use as the burial-transit permit. The detached for use as the burial-transit permit. The state Dept. of Health and Mental Hygiene prior to state Dept. of Health and Mental Hygiene prior to the True of the True o		19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED WMILE NOTWHILE AT WORK 22b. 1 certify that (1) (this haspi saw the deceased alive an abave, (1) (was labely (and no 22b. SIGNATURE)	21b. TIME OF INJURY HOUR A.M. MONTH P.M. 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFF- tal) attended the deceased fro	DAY YEAR 19 21f. HOW INJURY OCCU 21f. LOCATION 5TREET DEGREE ATTENDING PHYSICIAN	YES NOW IN CER NOTE NOTE IN THE INTERNATION OF INJURY IN ITEM I CITY OR TOWN To See The Indian Incidence of Injury In Item I	TIFYING CAUSES OF DEATH YES NO S 8 PART I OR PART 2) COUNTY STA
he hospital or attending physician. DIRECTOR: After this certificate has been sached for use as the burial-transit permit. The Dept. of Health and Mental Hygiene prior is Them 21 is marked or them 18 shows ony init	MEDICAL	196. DATE OF OPERATION 216. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED WMILE NOTWHILE AT WORK 220.1 certify that (1) (this haspi saw the deceased alive an abave, (1) (was label (old no 228. SIGNATURE) 22d. PHYSICIAN'S NAME (TYPE O	21b. TIME OF INJURY HOUR A.M. MONTH P.M. 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFF attal) attended the deceased fro or printy view the body after death.	DAY YEAR 19 21f. HOW INJURY OCCU 21f. LOCATION STREET 7 7 7 19 DEGREE	YES NOWN IN CER NORRED (ENTER NATURE OF INJURY IN ITEM I CITY OR TOWN CITY OR TOWN The death accurred on the date and h MEDICAL STAFF DIRECTOR PHYSICIAN	THYING CAUSES OF DEATH YES NO STATE OF PART 2) COUNTY STATE OUT and from the causes state 22c. DATE SIGNED

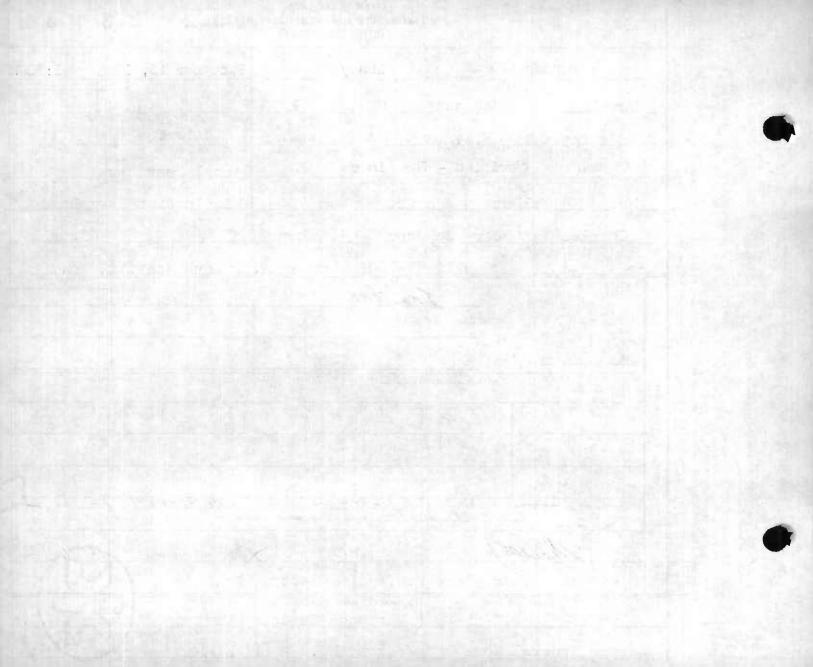
12 4 83 8p P roug 6 7 7 Lather Easter Magnegal Hospital Was self Hellow . Arm thousand the St. 1 . I think the . I be Total at the ... - Altraction to some and see I william and the same of th

MAN THE STATE OF THE WORLD'S THE RELEASE THE PRESENT OF THE PERSON THE THE STRONG

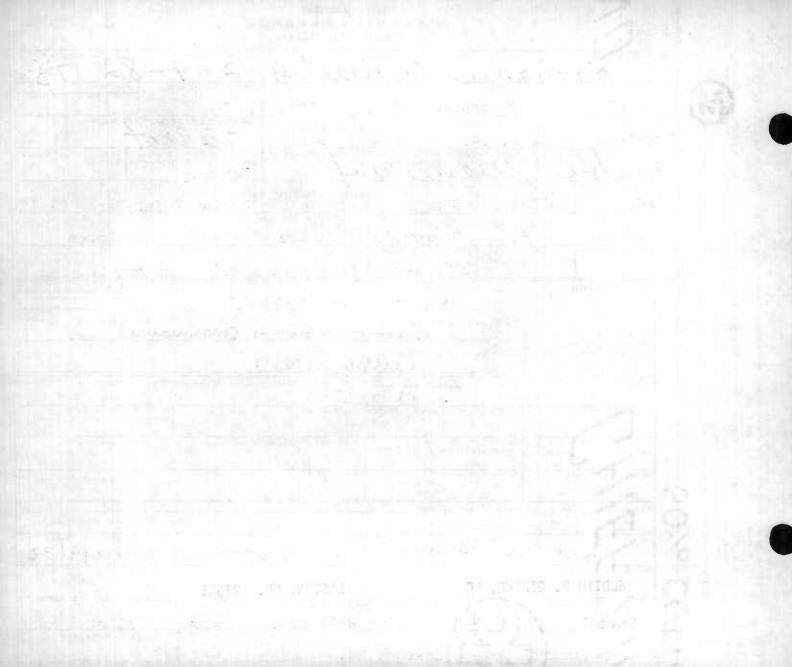
in terms in the commence of thematic to the are made Brench and the Control of the 8/2/4 ×

Decil Leader Lead Lead C-24 See a company of the state of t the Company of the Co

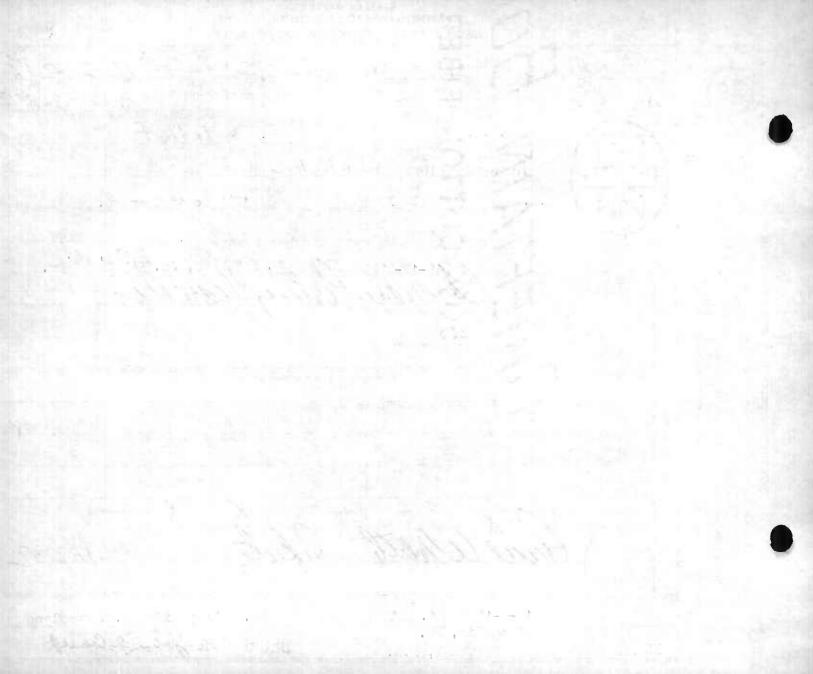
A		1-	FOR STATE REGISTRAR		DEPARTM		EALTH AND MI		IENE 8 2	3	3!	8 2
		1 DE	CEASED NAME FIRST	MI	DDIE	L	AST				AY YEAR	26 HOUR
1 200		(TYPE	ORPRINT) Hannah	Mat:	ilda	Lun	dy		December	15, 1	982	1:50PM
1 (1991)	3	3. SE	X 4	RACE		5 DATE C		NE 10	6 AGE (IN YEARS LAST BIR		IF UNDER LYEAR	IF INDER 24 HRS
The same	1		Female	Cauca	asian	OCT		1893	89	YRS	ONTHS DAYS	HOURS MIN
4 42	117		RTHPLACE (STATE OR FOREIGN 76	CITIZEN OF W	HAT COUNTRY?	8 MARRIEI	NEVER MA	RRIED	9 BALTIMORE CITY C		OF DEATH	
1 11	301	N	ew Jersey	U.S.	.A.	WIDOWE		RCED T	Talbo			MD.
1 11	90	10 CI	Easton	NAME OF HO	OSPITAL, NURSING FACILITY, GIVE STREET A	G HOME C DDRESS)	R OTHER INSTIT	UTION	12a USUAL OCCUPAT (TYPE OF WORK FOR MOST O Dental Se	F WORKING LIFE	INDUSTRY	F BUSINESS OR
our and	pe		AL RESIDENCE (IF NURSING HOME OF OT	HER INSTITUTION, G	IVE RESIDENCE BEFORE	ADMISSION)				CLEL		21652
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 INC. PHYSICIAN: The law requires that the death certificate be executed within 24 hours cartending physician. We see secretificate has been signed by the attending physician and completely filled in this certificate has been signed by the attending physician and completely filled in this hand Mental Hygiene prior to burial, cremation, or removal.	35	130	Md. Tall		Neavit		YES X	V LIMITS?	13e. STREET ADDRESS Middlepc	int H		
RYLA vithin etely 12 sh	The A	14. FA	THER'S NAME FIRST MID	DLE	LAST	5000	15 MOTHER'S A				LAS	
MA mple		2		Scar	Johnso	n	A1		Middle		01s	
d co	Ico /		VAS DECEASED EVER IN U.S. ARME	D FORCES? 1	166 SOCIAL SECU		17 INFORMAN		ADD	O Box	457	
IMORE	medica		No		110-09-	7609	Warr	en A.			t. Md	
SALT ote b ote b ote b	t, the		18 CAUSE OF DEATH (Enter only	ane couse per li	ne for al, (b), and	lice /					APPROXII BETWEEN C	MATE INTERVAL
T., E	veni		PART I. DEATH WAS CAUSED I		Inan	eitio.	n					
ding orbo	afic 6		2639		AS A CONSEQUE	NCE OF						
ESTO death attend ove co	non		Canditians, if any, which	(, b)	A3 A CO 132402							
he of the	other traumat		gove rise to immediate cause to, stating the	DUE TO OR	AS A CONSEQUE	NCEOE	0.5	7 (3)				H-11-11(2)
that that the by the bose r	othe		underlying couse lost.	DOE TO, OK	AS A CONSEQUE	NCEOF					100	
ned in ple	y. or		PART 2 OTHER SIGNIFICANT CO	NDITIONS CON	NTRIBUTING TO D	EATH BUT	NOT RELATED T	O THE TERM	INAL DISEASE OR CON	DITION GIVE	N IN PART 110	
RDS equi	inju	NO										
bee mit.	any	CERTIFICATION	190 DATE OF OPERATION	196 CONDIT	ION FOR WHICH	OPERATIO	WAS PERFOR	MED	20a AUTOPSY?	20b. IF YES	WERE FINDIN	IGS USED
he le la he san.	Swo L	TIF							YES NO NO		CAUSES	NO 🗆
OF VITA Clan: Tl physicii rrificate sl-transit tal Hygi	18 sho	CER	210 ACCIDENT WAS UNDERLYING	216. TIME OF	INJURY MONTH DA	V VEAD	21c. HOW INJU	JRY OCCURR	ED (ENTER NATURE OF INJU	RY IN ITEM 18, PA	RT 1 OR PART 2)	
SION OF VI PHYSICIAN: ending phys this certifica the burial-tran	Item	AL	OR CONTRIBUTING CAUSE OF DEATH	P.M		19						
HYS Iding	ō	MEDICAL	21d. INJURY OCCURRED	21e PLACE O	F INJURY		211 LOCATION	1	CITY OR TO	Arb I	COUNTY	
VISI G P atter the sthe	marked	×	WHILE NOT WHILE AT WORK	(AT HOME, STREE	ET, FACTORY, OFFICE, FA	ARM, ETC.)	JIREET		CITORIO	WIN	COONIT	STATE
DIVIO ar att ar atter se as the	Ē		22a.1 certify that (I) (this haspital	attended the	deceased from_		CH 24	19.82	to DECEMB	ER9	1982	that (1) (we) last
Spital Spital Library Library	21 is		sow the deceased alive on above, (1) (and individual)	DECEMB	FR 9 19 8 fter death			apinion o	death occurred an the d	ote and hour	and from the	causes stated
OR ho	# #en		226 SIGNATURE	4			DEGREE	(ENIDING			22c. DATE	SIGNED
Al y th	T. H.		MARLU	90/		/	PH PH	YSICIAN	MEDICAL STA	IAN 🗌	101-1	6-82
HOSPITAL ined by the FUNERAL wild be detailed to the State	TA I	a c	22d. PHYSICIAN'S NAME (TYPE OR PE			1417	22e ADDRESS		24.1			1 1 1 1
TO HOSE TO FUN should b	MPORTANT.		Michael D.	Crowl				ston,	Md.			
of Its	N.		BURIAL, CREMATION, REMOVAL	23b. DATE	23c. N	AME OF C	EMETERY OR CR	EMATORY	23d. LOCATION CITY OF TOWN		COUNTY	STATE
BP		L Ì	Burial	12-20	-82 W	estw	ood Ce	meter	y Westwoo	d Ber	rger	N.J.
DHMH - 16 60M 1/7	5	24 FI	UNERAL DIRECTOR		ADDRESS			25a DATE	E REC'D. BY REGISTRAR	256. BEGISTE	RAR'S SIGNAT	URE
(VR A 15 (4))			Newnam Funera	1 Home		ston	, Md	DE	C 2 O 1982	John	ngol	shelp



DIVISION OF VITAL



		1.	FOR STATE		DEPARTMENT OF H	IEALTH AND MENTAL	HYGIENE	2 1 3 0
	1		REGISTRAR	ME	DICAL EXAMINI	ER'S CERTIFICATE	OF DEATH REG. NO.	0 0 1 9 9
	V	1. DE	CEASED NAME FIRST		MIDDLE	LAST	20. DATE KNOWN	MONTH DAY YEAR 26. HOUR
	water and	(TYP	E OR PRINT)		/ w	20,0 11/10	OF ESTI-	12 2 02 95
	150 130	3. SEX	Thoma		6. AGE (IN YEA	RS IF UNDER 1 YR. LIF UNDER	, 00	1- 7 186 18W
	(福鮮)	J. JE		S. DATE OF BIRTH	YEAR LAST BIRTHDA		ER 24 HRS. 2c. DATE MIN PRONOUNCED	MONTH DAY YEAR 20 HOUR
	AG624	1	m B	6 22	22 60 YR	S.	DEAD	12 2 1982 9 M
	MARIA		RTHPLACE (STATE OR REIGN COUNTRY)	76. CITIZEN OF WE	HAT COUNTRY?	8. MARRIED NEVER MAR	PRIED 9. BALTIMORE CITY OR	COUNTY OF DEATH
	SALET	1112	RYLAND	U.S.A.	23	WIDOWED DIVOR		MD.
	日本の日	N. CI	TY OR TOWN OF DEATH	11. NAME OF HOS	PITAL, NURSING HOME,	OR OTHER INSTITUTION	12a. USUAL OCCUPATION (TYPE O	F WORK 126. KIND OF BUSINESS
	A PARK	F	asten	Memor	CILITY, GIVE STREET ADDRESS)	de Enston	FOR MOST OF WORKING LIFE)	OR INDUSTRY
	DO NO DO	USUA	L RESIDENCE (IF IN NURSING HOME C	R OTHER INSTITUTION, GI	VE RESIDENCE BEFORE ADMISSIO			
0	394591	13e. S	TATE 138. COUN	TY	13c. CITY OR TOWN	13d. INSIDE CITY LIMITS?		
21201	74.65	_	RYLAND A.	1.	SHADY SIDE		- 1 To to book TOWI	n Rd.
AD.	PM S 1.	14. FA	THER'S NAME	MIDDLE	LAST	15. MOTHER'S MAII	DEN NAME MIDDLE	LAST
Ä,	DEAT GES I		JOHN		MATTHEWS	SARAH	F.	SCOTT
A O	NAW-	16gg/M	AS DECEASED EVER IN U.S. AR	MED FORCES? WAR OR DATES)	16b. SOCIAL SECURITY	NO. 17. INFORMANT	ADDRESS	
BALTIMORE, MD.	A > I O O	D	THE TES, ONE	WAR OR DAILS)	120 42 200	O THOMASAL.	MATTEREUS Ja 50	eale, Md. Sneed Dr.
	B. GI WITI DIVE		III. CAUSE OF DEATH (Enter on	ly one rouse on the	Many this and (e) in	111	11 111	APPROXIMATE INTERVAL
PRESTON ST.,			PART I DEATH WAS CAUSE	D BY	Ry MAIL	1. MLIIII	XIASHWI	BETWEEN ONSET AND DEATH
Z	24 HC ITEM 1 ILONG PERMI GIENE,	10	4140 IMMEDIA	A REST OFFICE OF THE PARTY OF T	AS A CONSEQUENCE O	7 Willow	Journa Me	7
EST	Z Z A E S		Conditions, if any, which	DOE TO OR	AS A CONSEQUENCE 9	,		
2	A A L	10	gave tise to immediate	(b)				
*	PEN AM		cause (a) stating the <u>under</u> lying cause last.	DUE TO, OR	AS A CONSEQUENCE O			2.11
RECORDS, 301	ECUTED V		- Hyper Resources and Assessed	[ej				
DS,	AG" IN AG" IN CAL E A BURI		PART 2 OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TERMIN	IAL DISEASE DR CONDITION GIVEN IN I	PART 1 (a).	
Ö	"PENDING" "PENDING" IEF MEDICAL SED AS A BUI SED AT A BUI CREMATION	ATION						
REC	SA TO AND	A	19a. DATE OF OPERATION	19b. CONDIT	ION FOR WHICH OPERA	TION WAS PERFORMED?		20. AUTOPSY?
TAL	HORDOR.	F						VES D NOT
DIVISION OF VITAL	ATE SHC E WORD THE CH ID BE U AENT OF	CERTIFIC	21a EXTERNAL CAUSE WAS	21b. TIME OF	INJURY	1216 HOW INHIPY OCCUPE	RED (ENTER NATURE OF INJURY IN ITEM 18 PAI	YES NO
ō	17 2 3 0		UNDERLYING OR	HOUR A.M	MONTH DAY YEAR	THE HOW INSORT OCCOR	TED TENENTAL OF MOON IN ITEM IDEA	RETURNAL 2)
ō	ERTIFIC NG TH SHOU SHOUL	2	CONTRIBUTING CAUSE OF I					
<u>×</u>	U	MEDICAL	21d. INJURY OCCURRED WHILE ONOT WHILE O		OF INJURY (AT HOME, ORY, FARM, ETC.)	211. LOCATION STREET	CITY OR TOWN	COUNTY STATE
۵	WRIT WRIT WARD AGE AGE		WHILE NOT WHILE C					
	TE, TE		22s. I certify that I treet Thorn	and remains des	cribed above, held an	Autopsy . Inspecti		
200	N S S S T S		///					in my opinion
	BECT ECT		death resulted from: Natur	okoves/11.	Accident Suic	ide L. Homicide L.	Updatermined manner	
	EXA/ CERT ULD DIRE		ACTUAL K	1101	1/1 RXV	THE SPERTY	1	DATE 12.7 -67
	AHE HA		SIGNATURE	MI U	11004	M.D.D.C.W.C.C	MEDICAL EXAMINER	DATE SIGNED 12-57
	DICAL TE THE 4 SHO NERAL DEATH	1	EXAMINER'S NAME				/	
			(TYPE OR PRINT)			ADDRESS		
	TO ME EXECU PAGE TO FU AFTER BALTER	23a. Bl	JRIAL, CREMATION, REMOVAL 2		23c. NAME OF CEM	ETERY OR CREMATORY	23d. LOCATION	COUNTY STATE
			RT AT.	12-6-1982		EWS CHURCH CE	ME. Shady Side	A.A. Maryland
	MH-17 20M 1/73	_	INERAL DIRECTOR	Annapolis	s, Md.	25a. DATE	E REC'D. BY REGISTRAR 70. REGIST	U
(VR A15 ME (5))	WI	LLIAN REESE & S		JARY. P.A.	DEC	36 1982 John	of landly
				ASVALLE	a file in a minera			_



	1	FOR Items 3±17 - STATE REGISTRAR	Phone 12-10	DEPARTMENT OF	TE OF MARYLAND HEALTH AND MENTAL HYC FICATE OF DEATH	GIENE 8 2	3 3 1 8 =
e 74 /	I. DE	CEASED NAME FIRST	MIODLE		DCGINNIS	December	1 123
e 4 moy	3.56	X Male	RACE / White	5. DATE	OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS MOURS MIN.
oth. Poge 77 ho	7a. 8	IRTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT C	MARR	ED NEVER MARRIED	9. BALTIMORE CITY OR COL	JNTY OF DEATH
ofter de	10. C	ITY OR TOWN OF DEATH	(IF NOT IN SUCH FACILITY	GIVE STREET ADDRESS)	OR OTHER INSTITUTION	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK	M IZB. KIND OF BUSINESS OF INDUSTRY
24 hours	USU 13a.	AL RESIDENCE (IF NURSING HOM CONTACT AND COLUMN AND COL	OR OTHER INSTITUTION, GIVE RESIL	DENCE BEFORE ADMISSION WOR TOWN BASTON	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS 511 Goldsbox	na St
d within in pletely fond 2 sho	14. F/	ATHER'S NAME FIRST TINK NOWN	MIDDLE	LAST	15. MOTHER'S MAIDEN NA FIRST Elizabeth		McGinnis
n ond cor Poges i		WAS DECEASED EVER IN U.S. A	RMED FORCES? 16b. SO	CIAL SECURITY NO.	17. INFORMANT Mother	ADDRESS	11002111120
we requires that the death been signed by the attend mit. Then please remove ca prior to burial, cremation, cony injury, or other trauma	ATION	Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause lost. PART 2 OTHER SIGNIFICANT	DUE TO, OR AS A C	JTING TO DEATH BU	NON - VIALLE T NOT RELATED TO THE TERM DIN WAS PERFORMED		FYES, WERE FINDINGS USED
The kicion.	AL CERTIFICATION	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER NOTIFY MEDICAL EXAMIN	216. TIME OF INJUR	ONTH DAY YEAR	21c. HOW INJURY OCCUR	YES NO NO NO IN C	YES
DING PHYSICIAN: or otherding phys After this certifico se os the buriol-tror icitih and Mental Hy marked at item 18	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINATION OF THE NOTIFY MEDICAL EXAMINATION OF	P.M. 21e. PLACE OF INJU (AT HOME, STREET, FACTO		21f. LOCATION STREET	CITY OR TOWN	COUNTY STATE
TTEN pital DTOR for us of He		220-1 certify that (1) (this has saw the deceased alive a		19/2:25	Mythat in (my) (our) apinion	death occurred an the date and	hour and from the causes stated
SPITAL OR A S by the hos NERAL DIREC DE detoched e State Dept.		226. SIGNATURE	Dias 11	. D.	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	12/1/32 7:4
TO HOSPITAL TO FUNERAL should be dete		SILVIA	A. DAV.	u.D.	DUTCHM	N'S LINE.	EXSTON ID:
P = = 3 ≥		BURIAL, CREMATION, REMOVA (SPECIFY) Incenerated			1 Hospital	23d. LOCATION CITY OF TOWN Fact TE REC'D. BY REGISTRAT	COUNTY STATE
DHMH - 16 50M 4/B2 (VRA 15, 4)	24 F	UNERAL DIRECTOR		ACORESS	250. DA	TE REC'D. BY REGISTRATION IN	GISTRAR'S SIGNATURE

THE OWN BASELDESS ABOUTTAN HOUSE IN The that the Thirthead Some Land H. D. The telephone and the state of ELLANY Y DAYS THE BUILD HAVE STATE FRANCE THERE Ingenerated the Instance (denoted the Instance of Infend

	1,	FOR	DEPA	STATE OF MARYLAND ARTMENT OF HEALTH AND MENTAL HYG	GIENE 8 2	3 3 1 3 0
2	L	- STATE REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
# FEEE		CEASED NAME FIRST Samuel	Samuel Ath	nerton MIDDLETON	20 DATE OF DEATH MO	- 21 - 82 1 6 6
	3. SE:		4 RACE	5. DATE OF BIRTH MONTH DAY YEAR	6. AGE (IN YEARS LAST BIRTHDA	MONTHS DAYS HOURS MIN
	₩. B	Male IRTHPLACE (STATE OR FOREIGN	White 75. CITIZEN OF WHAT COUNT	November 7, 1901	9. BALTIMORE CITY OR C	YRS. COUNTY OF DEATH
1		Marvland	USA	MARRIED MEVER MARRIED WIDOWED DIVORCED	Talbot	• M
4	19/6	STON		1 1 1	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WO Headmaster (re	
1 12 45	USU.		ROTHER INSTITUTION GIVE RESIDENCE BE	EFORE ADMISSION)	13e STREET ADDRESS	ection School
The state of the s			enAnne's Centre		P.O.Box	357. 21617
mplete and 2		Samuel .	MIDDLE LAST Middle	FIRST	Virlinda	Robertson
wecut cond co		VAS DECEASED EVER IN U.S. AI	IVE WAR OR DATES)	MITTE		P.O.Box 357
S. Poo		No	220-30	0-0201-A Mrs. Catheri	ine R. Middle	ton, Centreville,
not the death certificate by the attending physic ise remove carbonapape, cremation, or removal.	7	PART I. DEATH WAS CAUSI WAS CONDITIONAL IMMEDIA Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSE (b) DUE TO, OR AS A CONSE			2 dogs
equires the signed I Then pled to buriof injury, or	TION			TO DEATH BUT NOT RELATED TO THE TERM	NINAL DISEASE OR CONDITI	ON GIVEN IN PART 110
os beer ne prior	FICA	198 DATE OF OPERATION	19% CONDITION FOR WH	HICH OPERATION WAS PERFORMED	IN.	IL IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH?
	CERTIFICATION	210. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY	21c. HOW INJURY OCCUR		YES NO NO
physican. tificate has tificate has all Hygiene m 18 shown			21b. TIME OF INJURY HOUR A.M. MONTH	21c. HOW INJURY OCCUR	YES NOTOK	YES NO NO
G PHYSICIAN: The k afterding physician. The kind the certificate has the buriol-transit per and mandal Hygerne wed or tem 18 shows	MEDICAL CERTIFICA	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	21b. TIME OF INJURY HOUR A.M. MONTH	DAY YEAR 19 711. LOCATION	YES NOTOK	YES NO NO
UDING PHYSICIAN: The kar of our ottending physician. I after this certificate has see as the buriol-transit percept and Anandal Hygiene cosh and wantal Hygiene is marked or tem 18 shows		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINE 21d. IN JURY OCCURRED WHILE NOT WHILE AT WORK AT WORK 220.1 certify that (1) (this hasp sow the deceased alive or	21b. TIME OF INJURY HOUR A.M. MONTH P.M. 21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFF	DAY YEAR 19 716. HOW INJURY OCCURI 19 716. LOCATION STREET DM	YES NOW	COUNTY STATE
DR ATTENDING PHYSICIAN: The k hospital or attending physician. IRECTOR: Atter this certificate has thed for use as the burial-transit per pept. of Health and Mental Hygerne tem 21 is marked or Item 18 shows		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINE 21d. IN JURY OCCURRED WHILE NOT WHILE AT WORK AT WORK 220.1 certify that (1) (this hasp sow the deceased alive or	21b. TIME OF INJURY HOUR A.M. MONTH P.M. 21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFF	DAY YEAR 19 216. HOW INJURY OCCURI 19 216. LOCATION STREET 9 and that in (my) (our) apinion DEGREE ATTENDING	YES NOW	CERTIFYING CAUSES OF DEATH? YES NO ITEM 18 PART 1 OR PART 7) COUNTY STATE COUNTY STATE 22c. DATE S/GNED
DR ATTENDING PHYSICIAN: The k hospital or attending physician. IRECTOR, Atter this certificate has thed for use as the burial critorist per lepti. of Health and Mental Hygiene them 21 is marked or Item 18 shows		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER. NOTIFY MEDICAL EXAMINE 21d. IN JURY OCCURRED WHILE NOT WHILE AT WORK 270.1 certify that (1) (this hasp saw the deceased alive or	21b. TIME OF INJURY HOUR A.M. MONTH P.M. 21c. PLACE OF INJURY (AT HOME STREET, FACTORY, OFF	DAY YEAR 19 216. HOW INJURY OCCURI 19 211. LOCATION STREET DIM	YES NOW NEED (ENTER NATURE OF INJURY IN CITY OR TOWN death occurred on the date of DIRECTOR PHYSICIAN	COUNTY STATE COUNTY STATE COUNTY STATE 22. 19 , thou (we) lood hour and from the causes stated 22c. DATE S/GNED /2 2 2
AL OR ATTENDING PHYSICIAN: The kind of the hospital or attending physician. AL DIRECTOR: After this certificate has befored for use as the buriol trionsis per its Dept. of Health and Mental Hygene Its Mental is marked or tem 18 shows.	WEDICAL	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER. NOTIFY MEDICAL EXAMINE 21d. IN JURY OCCURRED WHILE NOT WHILE AT WORK 270.1 certify that (1) (this hasp saw the deceased alive of the state of	21b. TIME OF INJURY HOUR A.M. MONTH P.M. 21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFF	DAY YEAR 19 216. HOW INJURY OCCURI 19 211. LOCATION STREET DIM	YES NOTE NOTE RED (ENTER NATURE OF INJURY IN CITY OR TOWN death occurred on the date of	COUNTY STATE COUNTY STATE COUNTY STATE 22c. DATE SIGNED 22c. DATE SIGNED

6 P	- a	DAS TOTAL	LU not so	of the lands	
		toet ,		of Late	
	Tallet				
Losio	(battle I lated the		ind thou	Memer	
N1312	1866 x60.0.	3		rumo (a) emulie	rengiand inc
10 37 130	m antice	Lighty	hodz	ibble	Leuren
Collins,	mi nosulatili e	al octation is	14 A-1020-	220-3	
					047 44
ing on , not	off deaps committee				Lending
.C., 11.	erestile,			180	
		L-i			100 12 (1. 3/11/00)

Stermen P. Cermey, MD Easton, Maryland

FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1.	REGISTRAR		CERTIF	ICATE OF DEATH	REG. NO			
		CEASED NAME FIRST	MIDDLE	į.	AST	20 DATE OF DEATH A	AONTH DAY	EAR 2b.	HOUR
		MARGO	rret E	\wedge	LUINS	Decembe	R 8 1	782 (OTAM
	3. SEX	× /	4. RACE	5. DATE C		6 AGE (IN YEARS LAST BIRTH			JNDER 24 HRS
١		Female	Caucasi	an JAN	19 1908	74	YRS.	DATS INC	MIN.
Ì		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COU	NTRY? 8.	D NEVER MARRIED	9 BALTIMORE CITY OR	COUNTY OF DEA	TH	
2	M.	assachusetts		WIDOWE	DIVORCED	TAI	bot		MD.
7	10 CI	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, N		OR OTHER INSTITUTION	120 USUAL OCCUPATIO			JSINESS OR
)	1	=ASTON	& Memoris	7 L HOS	oitAL	Registere		Med:	ical
1					134, INSIDE CITY LIMITS?	13. STREET ADDRESS 687 Broad	, ,		
4			folk Brent	twood			lway 1	1717	
Ŋ	PA. FA	THER'S NAME	MIDDLE	-	15. MOTHER'S MAIDEN NAM	WIDDLE		loole	
2	14 14	Samuel VAS DECEASED EVER IN U.S. A		enscroi	t Grace	ADDRES		10016	2
5.	[]		SIVE WAR OR DATES		17. INFORMANT			1 h	<i>r</i> _1
		NO	1107-	32-2629	John T. Ne	vins, Jr.	Newcon		
		18 CAUSE OF DEATH (Enter of PART I, DEATH WAS CAUST	only one couse per line for (a), SED BY:		1 4- 1	Ko :	BE	WEEN ONSE	TAND DEATH
	2050 IMMEDIATE CAUSE (0) ACUTE Myelocytic Leukenia								5
			DUE TO, OR AS A CON	ISEQUENCE OF			3000		
		Conditions, if ony, which gave rise to immediate	(b)						
		couse (a), stating the Underlying couse lost. DUE TO, OR AS A CONSEQUENCE OF							
	-	PART 2 OTHER SIGNIFICANT	(c)T CONDITIONS CONTRIBUTIN	C TO DE ATH BUT	NOT BELATED TO THE TERM	INIAI DISEASE OR COND	TION CIVEN N.D.	OT 1	
d	Z	TAKE 2. OTTER SIGNIFICANT	CONDITIONS CONTRIBUTION	IO TO DEATH BOT	NOT RECATED TO THE TERM	INAL DISEASE OR COIND	IIION GIVEN IN PA	AKT HO	
1	ATI	190 DATE OF OPERATION	196 CONDITION FOR V	WHICH OPERATIO	N WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WERE I		
4	CERTIFICATION					YES NOS	IN CERTIFYING CA		DEATH?
7		210. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY	H DAY YEAR	214. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PA			ART 21	
	CAL	OR CONTRIBUTING CAUSE OF D	PEATH	19					
	MEDICAL	214. INJURY OCCURRED	21¢. PLACE OF INJURY	OFFICE FARM STC)	211. LOCATION STREET	CITY OR TOW	'N COU	MTY	STATE
	2	AT WORK AT WORK	(ATTOME, STREET, FACTOR), C	OFFICE, FARM, ETC.)	1	- 1-			
		220.1 certify that Whis has	pital) attended the deceased	11011	12 Lh 19 10	_, to12/8	. 19	that	(I) (we) lost
		sow the deceased alive of obove () (we) (did) (did)	not) view the body after death.	_19_ <u>82</u> , or	nd that in (My)(our) opinion o	death occurred on the dot	e and hour and fro	m the caus	es stated
		226. SIGNATURE	10 -	0 11	DEGREE			DATE SIG	NED
		Melli	Jugue	4 10	ATTENDING PHYSICIAN	MEDICAL STAFF	AN 🗆		
		22d. PHYSICIAN'S NAME (TYP	COMPAND V		22e ADDRESS				
		William J. R	anfield. M.D.		Dutchman's	Lane Ea	ston, Md	. 216	01
		URIAL, CREMATION, REMOVA	AL 23b. DATE		EMETERY OR CREMATORY	23d. LOCATION CITY OF TOWN	COUNTY		STATE
		Burial	12-10-82	Long I	sland Natio	nal Pinela		folk	N.Y
	24 CI	INTERNAL DIRECTOR			DATE DATE	DEC'D BY DECICED AD A	O DECLETOADIC CO	CALATINE	

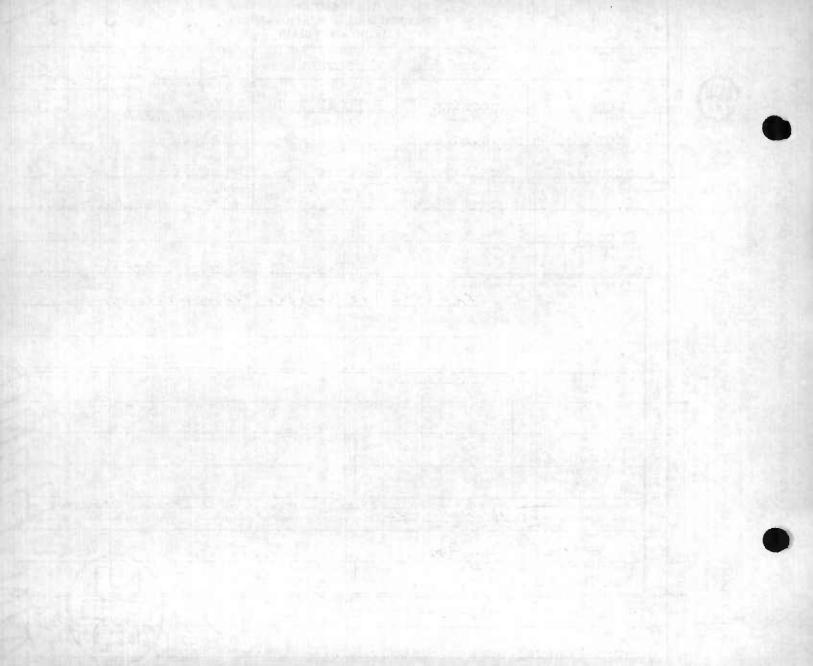
DHMH - 16 50M 4/82 (VRA 15, 4)

BP.

NAME Newnam Funeral Home

Easton, Md. 2160

RESTRICT E VIVELAND DECEMBER STORES And the state of t And the state of t THE THE WAR AS THE THE MILLER OF STREET OF THE STREET WAS A STREET OF THE STREET Wildem J. Saftand, M. O. . . . Durchman's Lane Easton Md. 21601 Henna Puneral Komo Haston, Md. 21602 C. A. D. D. C. Corton of Manual St.



	1.	STATE REGISTRAR	DEPAR	CERTIFICATE OF DEATH	GIENE 🖰 🚄	3 3 1 7 0
Sent Sent Sent Sent Sent Sent Sent Sent		CEASED NAME PRINT)	WIDOTE	PARKER	12 - 12	30 - 82 6 PM
(M)	3. SE	MALE	BLACK	5. DATE OF BIRTH MONTH OAY 1919		3 YRS MONTHS DAYS HOURS MIN.
283		IRTHPLACE (STATE OR FOREIGN 71	U.S.A.	MARRIED NEVER MARRIED WIDOWED DIVORCED	9. BALTIMORE CITY OF	RCOUNTY OF DEATH
S Lind and S	10. C	EASTON	1. NAME OF HOSPITAL, NURS (IF NOT IN SUCH FACILITY, GIVE STRE	ING HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION OF WORK FOR MOST OF	PR 12b. KIND OF BUSINESS OR INDUSTRY
The state of the s	13a.	AL RESIDENCE LIF NURSING HOME OR O STATE 13b. COUNT ARYLAND TAL	THER INSTITUTION GIVE RESIDENCE BEFOR 13c. CITY OR TO EAST		13e STREET ADDRESS	
ond 2 st	14. FA	RILEY	PARKE	15. MOTHER'S MAIDEN N FIRST SARAH	MIODEE .	CONLEY
ers. Poges I.I.		VAS DECEASED/EVER IN U.S. ARM YES. NO OR UNKNOWN) (IF YES, GIVE Y	ED FORCES? 16b. SOCIAL SEC WAR OR DATES)	RUTH E. P.	PEED NO	SR FOLK, VA. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
in signed by the ortending physical places remove corbon pop to buriol, cremotion, or remove injury, or other troumotic event,	NO	Conditions, if ony, which gove rise to immediate couse (o), storling the underlying couse lost. PART 2 OTHER SIGNIFICANT CO	DUE TO, OR AS A CONSEQ (b) DUE TO, OR AS A CONSEQ (c)	UENCE OF UN	MINAL DISEASE OR COND	6 certa
hos been to permit.	CERTIFICATION	190. DATE OF OPERATION	196. CONDITION FOR WHIC	H OPERATION WAS PERFORMED	200 AUTOPSY?	206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO NO
buriol-tronsit Mentol Hygie or them 18 sho		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH P.M.		RRED (ENTER NATURE OF INJUR	Y IN ITEM 18. PART 1 OR PART 2)
ed e	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	210. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	FARM, ETC.)	CITY OF TOV	WN COUNTY STATE
for use os 1 of Health o		220.1 certify that (I) (this haspital sow the deceased alive on above, (I) (we) (did) (did not)	30 000 19		3, to 30 -6 n death occurred on the do	ate and hour and from the causes stated
Inckat Directles for the Stote Dept. of Stote Dept. of TANT: If Item 2		226. SIGNATURE	TO Can	DEGREE ATTENDING PHYSICIAN	MEDICAL STAF	
should be defect with the Stote De		Stephen P. C.		Easton, Mo	d. 21601	
- - - 3 - 3		BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL	1177	NAME OF CEMETERY OR CREMATORY BENEZER BAPTIST	23d. LOCATION CITY OF TOWN	NORTHAMOTON STATE
- 16 50M 4/82	24 F	UNERAL DIRECTOR	MASS ADORES	Nassausdy JA	NE REC 6 B 1985 TRAR	LY REGISTRAR'S ICHALINE F.

Stephen P. Carney, M.D. Foston, Md. 21631

13 8 83 63 Terber Custon I Monostal Hospital Is Is I worked CONTRACTOR OF THE PARTY OF THE Legitar Posteral Home Haging 12: 12501

6	FOR STATE REGISTRAR	DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 2 5 5 7 CERTIFICATE OF DEATH REG. NO.						
t 3	I DECEASED NAME (TYPE OR PRINT)	FIRST	Edwin		osser		MONTH DAY YEAR	2b HOUR
ter deat	3 SEX Male	4 RACE	White	5. DATE O	OF BIRTH	6 AGE (IN YEARS LAST BIRT		
WKG	Caroline Co.	, Md. U.S		MARRIE WIDOWE	DEVERMARRIED DIVORCED	Ta	DR COUNTY OF DEATH	MD.
200	Easton	Merrid	SUCH FACILITY, GIVE STREET	Pine	OR OTHER INSTITUTION	12ª USUAL OCCUPATI (TYPE OF WORK FOR MOST O Sand & Gra	F WORKING LIFE) INDUST	D OF BUSINESS OR RY nstruction
Pourling Puring	Maryland	Caroline	ion, give residence before 13t. CITY OR TOV	VN	13d INSIDE CITY LIMITS?	Rt. 2, Bo	x 94	
ond 2 s	John Ross		LAST		IS MOTHER'S MAIDEN NA FIRST Emma Dalic	MIDDLE		LAST
s. Pages 1	160 WAS DECEASED EVE (YES, NO OR UNKNOWN) NO	R IN U.S. ARMED FORCE: (IF YES, GIVE WAR OR DATES	214-16-4		Mrs. Miriam	Rosser, Rt.	2, Box 94	
een signed by the attending phy it. Then please remove corbonpo ior tabural, cremation, or remov injury, or ather traumatic event	Conditions, if on gove rise to im couse 10. stot underlying cous PART 2 OTHER SIG	mediate ng the e last. OCIONIFICANI CONDITIONS CONDITIONS	OR AS A CONSEQUENCE OF CONTRIBUTING TO	ENCE OF DEATH BUT	NOT RELATED TO THE TERM NOT WAS DEDECTORATED.		IDITION GIVEN IN PART	
inficate has be infransit permital tal Hygiene pri m 18 shaws an	21a. ACCIDENT WAS UP	NDERLYING 216. TIM	E OF INJURY		21c HOW INJURY OCCUR	YES NO	IN CERTIFYING CAUS	SES OF DEATH?
ss the burial-tr h and Mental I irked ar Item 1	OR CONTRIBUTING	CALEXAMINER) RRED 21e. PLA (AT HOME	A.M. MONTH D P.M. CE OF INJURY , STREET, FACTORY, OFFICE.	19	211 LOCATION STREET	CITY OR TOV	wn COUNTY	STATE
al DIRECTOR: A etoched for use i te Dept, of Healt i: If them 21 is mo		(this hospital) attended sed alive on (did) (did not) view the bi			nd that in (my) (our) opinion DEGREE ATTENDING PHYSICIAN	deoth occurred on the do	22c. DA	the couses stoted ATE SIGNED 2/15/32
retained by TO FUNERA should be de with the Stat	22d. PHYSICIAN'S N	IAME (TYPE OR PRINT)	Wood		22e ADDRESS	STON N	rd	
SP	230. BURIAL, CREMATION (SPECIFY) Buris				est Cemetery	23d LOCATION CITY OR TOWN	urg, Caroli	ine, Md.
IMH - 16 60M 1/75	24 FUNERAL DIRECTOR	m //-	SORE)S	00	MAXIE 8	2.8 1982 S	Sh REGISTRAR'S SUN	LILL

STATE OF MARYLAND

S8 0000 (75 form 65 iii) Hale Carolina Co., Ma. C.S. .. Sand & Graval Co. Construction Maryland Caroline Federalsburg L Rt. 2, Fox 34 7=7=0 1 750 Tema paltons Jedala la fabet. Six-16-0428s trs. Miriem dosmor, st. 2, mox 20, Md. 235 3 surial Dec. 18, 1982 Hilorest Cemetery redenalsburg, Laroline, Fd.

Centreville.

Barton Bros. Funeral Home

FOR

- STATE

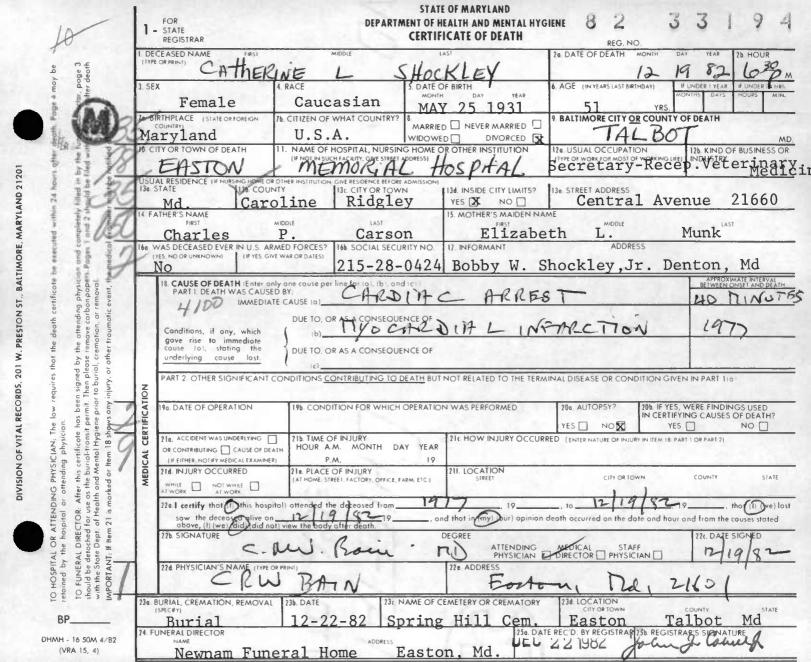
(VRA 15, 4)

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1982

fair. MARCH SIN REPORTED white was ware 25, 1910 to W ACC DESCRIPTION THE PROPERTY OF THE PROPERTY O Paryling Ones Large's Controlling to the Car Spreed. desirate grant grant company mini-ANE TON ISC. OLD DEBE 215-3c-2015 U.sa. Farmer D. Jasen, decement it, 16. 2151 Robert W. Traver, M.D. arethicompunication Sayl, 11.00: Label Busicus, fedici, cargland

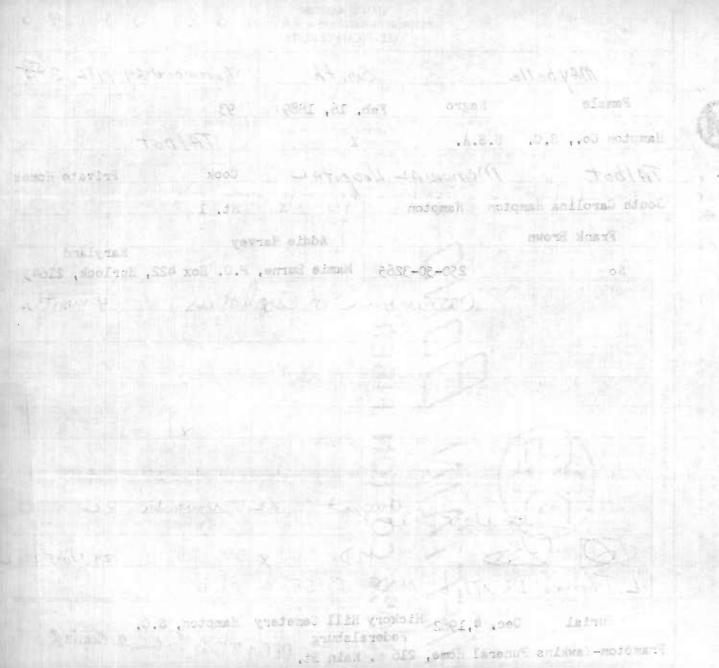


Rather to Shorker / The Render TENNELLATE PROPERTY OF THE PRO ENTITED MEDIUM AL HESPHAL TOWNS FEED STREET CHILDING TRAINER TO HILLIAM THE WATT STATE I SEE THE STATE OF THE de la coloria de E but from " HE E B D WHI WIT in the Mill and the A STATE OF THE REAL PROPERTY OF THE PROPERTY O

~				STATE OF MARYLAND	0	F-1 W 0 5 Au W
	1-	FOR STATE	DEPART	MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 8 2	5 5 1 7 5
		REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
m f		CEASED NAME FIRST	MIDDLE	(AST	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR
ge ge		ARTI	Juk John	Shoret	12	30 82 11 XXM
may be r, page 3 ter death	3. SE		4. RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR IF UNDER 24 HRS
ge 4		Male	White	July 25. 192	3 59 YRS	
Pod Pod		RTHPLACE I STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY	2 8	RAITIMORE CITY OR COUN	
orth 72	· ·	Delaware	U.S.A.	MARRIED NEVER MARRIED WIDOWED DIVORCED	TALE	30T un
ed o	10. CI	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS	ING HOME OR OTHER INSTITUTION	120. USUAL OCCUPATION	126. KIND OF BUSINESS OR
# # #7 #7X	7	FASTON	THE NOT IN SUCH FACILITY GIVE STREET	HOSO: HOS	(TYPE OF WORK FOR MOST OF WORKING	
	Usu.	AL RESIDENCE HE NURSING HOME C	R OTHER INSTITUTION, GIVE RESIDENCE BEFO	RE A'DMISSION)		r Cty.RoadsDer
新曆 記《	13a. S	TATE No COU			13e. STREET ADDRESS	1.40
	14 FA	Md. Car	oline Maryde	1 216495 NO LX	Rt. 1 Box	148
3 d 2 d 2	5	FIRST	MIDDLE LAST	FIRST	WIDDLE	LAST
D C C C C C C C C C C C C C C C C C C C		erman	Short	Sussie	ADDRESS -	Edwards
Poges 1		AS DECEASED EVER IN U.S. A ES, NO OR UNKNOWN) (IF YES, G	IVE WAR OR DATES)		R	t.4 Box 463
		No	221-12	-6343Rebecca Cl	endaniel Dov	
ote b rsicio ppers. vol. t, the		18 CAUSE OF DEATH (Enter of	inly one cause per line far (a), (b), o	pd (c)	1.11	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
phys phys emave		PART I. DEATH WAS CAUS	ATE CAUSE (a)	marrone !	Celebral	
		4347	DUE TO, OR AS A CONSEQU	IENCE OF	/	
tent ten ve c ion,		Conditions, if any, which	(b)	Lufa	retur	
he o emo mot		gave rise to immediate cause (a), stating the	DUE TO, OR AS A CONSEQU	IENICE OF		
by t by t ose r othe		underlying cause last.	DUE TO, OR AS A CONSECU	SENCE OF		
equires that the death ce is signed by the attending Then please remove carb to burial, cremation, ar injury, or other traumatic		PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR CONDITION O	GIVEN IN PART I (a)
sign fhen to bu	Z O					
beer mit.	CERTIFICATION	190 DATE OF OPERATION	19b. CONDITION FOR WHIC	H OPERATION WAS PERFORMED		YES, WERE FINDINGS USED
no per d	E S				YES ON NOT	TIFYING CAUSES OF DEATH? YES \(\bigcap \) NO \(\bigcap \)
retriction in the form of the	E	210. ACCIDENT WAS UNDERLYING	215. TIME OF INJURY	21c HOW INJURY OCCU	JRRED (ENTER NATURE OF INJURY IN ITEM	
physician: ending physical this certifica the buriol-tron of Mental Hy d or Item 18		OR CONTRIBUTING CAUSE OF DE	AIN .	DAY YEAR		
this cert e burial d Mente	MEDICAL	114 EITHER, NOTIFY MEDICAL EXAMINI 214. INJURY OCCURRED	P.M. 21e. PLACE OF INJURY	19 21f. LOCATION		
offend offer this ond A ked or	ME		(AT HOME, STREET, FACTORY, OFFICE		CITY OR TOWN	COUNTY STATE
After the os the olth and marked	1	AT WORK AT WORK			3	
OR: A		220.1 certify that (1) (this has	pital) attended the deceased from	8-7-3 , 19 Kg	2, to	2, 19 (we) last
R ATTE haspite RECTO Fed for ept. of 1 tem 21		abave (1) (we) (did) (did n	ot) view the bady after death.	(aur) apinio	n death occurred on the date and h	naur and from the causes stated
		77E SIGNATURE	011	DEGREE	4	220 DATE SIGNED
AL D AL D detoc of ED T: If		Ten	y. Netruck	ATTENDING!	MEDICAL STAFF DIRECTOR PHYSICIAN	03.603
HOSPIT.		THE PHYSICIAN'S NAME THE	GEMENT)	22e ADDRESS		21601
		Terry P.	Detrich, M.D.	140 S. Wa	ashington Street	, Easton, MD
5 g 5 g ₹ ₹	23a. F	URIAL, CREMATION, REMOVA		NAME OF CEMETERY OR CREMATORY	23d LOCATION	
BP		SPECHY)		empleville dem	CITY OR TOWN	Caroline Md.
DF	24 F1	Burial JNERA DIRECTOR	7-3-1983()		ATE REC'D. BY REGISTRAR 25b. REG	
HMH - 16 50M 4/B2	1	A NAME E	Towlows ADDES	constant		0000
(VRA 15, 4)		10			JAN 61983	- un de sheel h

THE PARTY OF THE P Male white Luly 28, 1923 1591 11 Delawara U.S.A. County Markey Const. Morkey Chy. tondand Ed. Caroline Marydel 21649 14t 1 8dx 148 Herwan - dusie - Idwards it. 4 Box 463 No 221-12-6343Rebecca Clendaniel Dover, Do.19901 Town . Deserten, n.o. All the Tholor Bushingson across, assen, Ho burist 1-3-1963 Templeville Com. Templeville Caroline Md. The state of the s

7		FOR STATE REGISTRAR	DEPARTI	MENT OF I	E OF MARYLAND HEALTH AND MENTAL HYGI FICATE OF DEATH	ENE B 2	33196
# 6. *	1. DE	CEASED NAME FIRST	MIDDLE		AST 11	2a. DATE OF DEATH	MONTH DAY YEAR 26 HOUR
may be page 3	3. SE	MAYbel	RACE	5 DATE	MITH.	6 AGE (IN YEARS LAST BIR	(HDAY) IF UNDER I YEAR IF UNDER 24 HRS
4	0.00	Female	Negro	MONT		93	MONTHS DAYS HOURS MIN.
death. Pop	H	ampton Co., S.C.	U.S.A.	18	D NEVER MARRIED		R COUNTY OF DEATH
by the filed w	7	Albot	1. NAME OF HOSPITAL, NURSIN (IF NOT INSUCH FACILITY, GIVE STREET PENOR! A	ADDRESS)	OR OTHER INSTITUTION	12a USUAL OCCUPATE ITYPE OF WORK FOR MOST O COOK	
ed within 24 hau mpletely filled in and 2 should be karniner was be	S	AL RESIDENCE (IF NURSING HOME OR OF TATE Outh Carolina Ha ATHER'S NAME	mpton GIVE RESIDENCE BEFORE 13c CITY OR TOW Hampton		YES NO X	13e STREET ADDRESS	
mplete and 2	24 17		IDDLE LAST		15 MOTHER'S MAIDEN NAM	WIDDLE	LAST
oe execution and construction and constr		VAS DECEASED EVER IN U.S. ARM (ES. NO OR UNKNOWN) (IF YES, GIVE	ED FORCES? 166 SOCIAL SECU		17 INFORMANT	ADDRE	Maryland 422, Hurlock, 21643
equires that the death certificate is signed by the attending physis. Then please remave carban pape to burial, cremation, or remaval rijury, or ather traumatic event, to	NO	18. CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED 1509 IMMEDIATE Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. PART 2. OTHER SIGNIFICANT CO	DUE TO, OR AS A CONSEQUE (b) DUE TO, OR AS A CONSEQUE (c)	NCE OF	NOT RELATED TO THE TERMIN	Hagus NAL DISEASE OR CONE	BETWEEN ONSET AND DEATH 4 WONTER DITION GIVEN IN PART To
ician. te has beer nsit permit. Gjene prior	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO NO
SICIAN: The mg physiciar certificate hural-transit pental Hygier from 18 shave	MEDICAL CER	210, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH DA	Y YEAR	21c. HOW INJURY OCCURRE	D (ENTER NATURE OF INJUR	Y IN ITEM 18 PART I OR PART 2)
ING PHY After this as the bu Ith and M	MED	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE F	ARM, ETC.)	211 LOCATION STREET	CITY OR TO	WN COUNTY STATE
attenbir spital ar CTOR: Al I far use a of Healt		220.1 certify that (I) (this haspital saw the deceased alive an abave, (I) (we) (did) (did not	78 NOV 19	ang	, 17	eath accurred an the da	that (I) (we) last te and haur and fram the causes stated
PITAL OR . by the har 4ERAL DIRE oe detached . State Dept ANT: If Hen		22b. SIGNATURE	32	1		MEDICAL STAF	FIAN 29 NOV 1982
TO HOSPITAL TO FUNERAL should be det with the State		L. Thomas	Divilio, n	1.D.	EASTON	M. D.	
BP	-	URIAL, CREMATION, REMOVAL SPECIFY) Burial	Dec. 4.1982 Hi	ckory	EMETERY OR CREMATORY Hill Cemetery		S.C. COUNTY STATE
DHMH - 16 50M 1/81 (VRA 15, 4)		amptom-Hawkins	Funeral Home, 2	reder 16 N.	Main St. DEC	1 3 1982	the secistry's Received



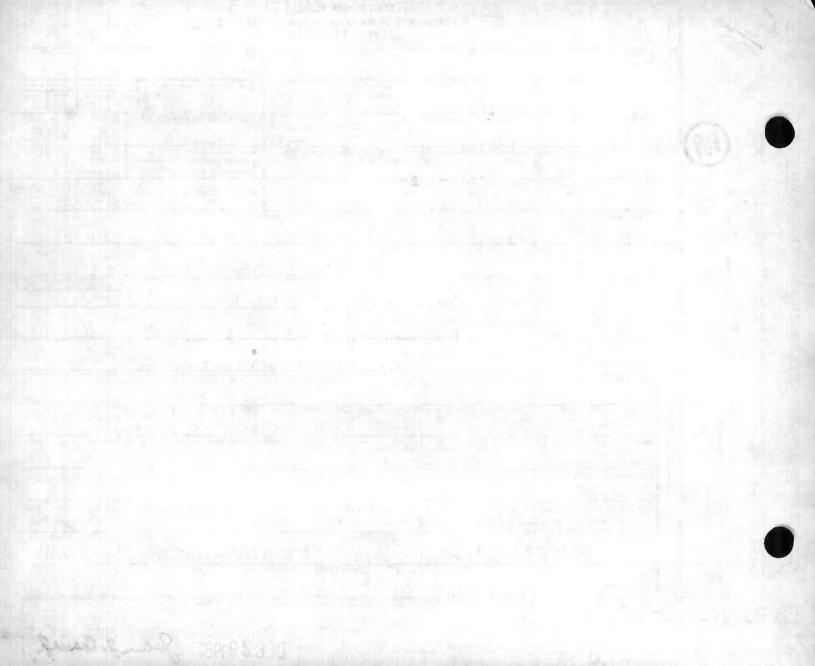
4	1	FOR - STATE REGISTRAR	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MEN CERTIFICATE OF DEA	ITAL HYGIENE 8 2	3 3 1 9
page 3		CEASED NAME FIRST EOR PRINT) WAITE	MIDDLE	STAOR	20. DATE OF DEATH MONTH	DAY YEAR 26. HOUR
moy moy	3. SE		4. RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 2-
90	M	ale	Caucasian	Jan. 12. 19	931 51 YRS	MONTHS DAYS HOURS
deogh. Poge	7a. B	RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY?	MARRIED ANEVER MAR	PIED 9. BALTIMORE CITY OR COUNT	TY OF DEATH
de San	Me	ryland	U.S.A.	WIDOWED DIVOR	CED [/A/bo)	
11 75	1 1	TOWN OF DEATH	11. NAME OF HOSPITAL, NURSI (IF NOT IN SUCH FACILITY, GIVE STREET MEMICIA	(ADDRESS)	TION 120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING Maintenance	
24 hours		ALRESIDENCE IN NURSING HOME OR STATE 136 COUNTY COU	other institution, give residence before NTY 134. CITY OR TOV		LIMITS? 130. STREET ADDRESS	
within da 2 sh	14. F.	ATHER'S NAME	MIDDLE LAST	IS. MOTHER'S MA	AIDEN NAME	
D # 5/ X	D	George	W. Stapf	Marg	gery R	lussell
The same of the sa		VAS DECEASED EVER IN U.S. AR.	MED FORCES? 166 SOCIAL SEC	URITY NO. 17. INFORMANT	ADDRESS	
icion and coers. Pages of.		Yes Kore	07.506.00	355 Mrs. Do	nna Stapf. Dento	n. Marylan
ow requires that the death ce been signed by the ottending mit. Then please remove carb prior to burial, cremation, or r ony injury, or other troumatic	CERTIFICATION	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying cause last. PART 2. OTHER SIGNIFICANT COURT OF OPERATION	restwe C	D with		ES, WERE FINDINGS USED
n best	ZI F					TIFYING CAUSES OF DEATH YES NO
PHYSICIAN: The rending physicio pr this certificate has buriol-tronsit and Aentol Hygie ced or Item 18 sho		21g. ACCIDENT WAS UNDERLYING	HOUR A.M. MONTH D	AY YEAR	Y OCCURRED (ENTER NATURE OF INJURY IN ITEM I	B. PART 1 OR PART 2)
IG PHYSIC offending offending ter this cer is the burion ond Menticked or item	MEDICAL	214 INJURY OCCURRED	21e PLACE OF INJURY LAT HOME, STREET, FACTORY, OFFICE,	21f LOCATION	CITY OR TOWN	COUNTY STA
DING PI Or offer the e os the olth ond morked	>	AT WORK NOT WHILE AT WORK	, Jern, E.		10	
OR ATTEN e hospitol DIRECTOR: ched for us Dept. of He		sow the deceased alive-on	tol) offended the choesed from 195	DEGREE	9, to	, 19 that (I) (we our and from the couses state 22c, DATE SIGNED
SPITAL OI J by the NERAL Di be detock e Stote De		W	m (twood)	PHY:	NDING MEDICAL STAFF SICIAN DIRECTOR PHYSICIAN	12/9/8
HOSPI ined b		228 PHYSICIAN'S NAME (TYPE O	PRPRINT)	220 ADDRESS	ASTON MJ	
5 5 5 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8	23a.	BURIAL, CREMATION, REMOVAL	23b. DATE 23c	NAME OF CEMETERY OR CREA	MATORY 236. LOCATION	COUNTY STA
BP	E	urial	12/11/82 De	enton Cemete	ery Denton Car	oline Md.
DHMH - 16 50M 4/82 / (VRA 15, 4)	74 F	UNERAL DIRECTOR PINE	ADDRESS DON'T	ov. Nd.	DEC 1 5 1982	STRAR'S SIGNATURE

E OLE BOTTES the state of the s the second of the second

Easton, Md.

(VRA 15, 4) 1/79

Newnam Funeral Home



	1.	FOR STATE		DEPARTI	MENT OF H	OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	SIENE 8 2	3	3 1	9
tho e		E OR PRINTS	Thomas Tod	d, Jr.		AST	REG. N 20. DATE OF DEATH December	MONTH DAY	YEAR	26. HOUR 2:45
	3. SE	x Male	4. RACE	hite	S DATE C	ber 22, 1919	6. AGE (IN YEARS LAST BIR	YRS.	INDER I YEAR	HOURS
2 8		IRTHPLACE (STATE OR FOREI COUNTRY)		WHAT COUNTRY?	8	NEVER MARRIED	BALTIMORE CITY S		DEATH	
filed within	10. C	ITY OR TOWN OF DEATH Easton	11. NAME OF (IF NOT IN SUE Memori	HOSPITAL, NURSING HEACHITY, GIVE STREET	ADDRESS)	R OTHER INSTITUTION	120 USUAL OCCUPAT (TYPE OF WORK FOR MOST O Dairy Farm	DE WORKING LIFE	126. KIND OI INDUSTRY Farmi	
and be	130.	AL RESIDENCE HE NURSING STATE 135 Maryland	county county	GIVE RESIDENCE BEFORE 13t. CITY OR TOW Federals	E ADMISSION)	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS Rt. 2, Box	317		
75 0g 5 8	14. F	John Willi	am Todd	LAST		15. MOTHER'S MAIDEN NA Anna Belle	4410015		LAS1	
Pages 1		WAS DECEASED EVER IN L	J.S. ARMED FORCES? FYES, GIVE WAR OR DATES)	217-07-9		Mrs. Mildred	ADDR	rade	ralsb ox 31	
en signed by the or Then please remay or to burial, cremati r injury, or ather tro	TION	PART 2 OTHER SIGNIFIC Esophagea	cant conditions condit	ion, Diab	DEATH BUT					
nsit permit. I	CERTIFICATION	190 DATE OF OPERATION	19b. COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, W IN CERTIFYIN YES [G CAUSES	
burial-tra Mental Hy or Hem 18	MEDICAL CE	21a. ACCIDENT WAS UNDER!) OR CONTRIBUTING CAUS (IF EITHER, NOTIFY MEDICAL B 21d. INJURY OCCURRED WHILE NOT WHILE	E OF DEATH HOUR A (XAMINER) P		AY YEAR 19	214 HOW INJURY OCCUR	RED (ENTER NATURE OF INJU		OUNTY	\$17
DIRECTOR: After the oched for use as the oched for use as the oche och		220.1 certify that (I) (this saw the deceased cobave, (I) (we) (did) 22b. SIGNATURE	90/	19_	82 , an	d that in (my) (our) opinion DEGREE	death occurred an the d	ate and haur ar		SIGNED
should be deto with the State IMPORTANT: If	23a.	BURIAL, CREMATION, REA	Nood, Jr	23c 1		22e ADDRESS Dutchmens Le	ne, Easton,	Maryla	nd 210	601
16 50M 4/82 A 15, 4)	24 F	UNERAL DIRECTOR ramptom—Hawk	l Dec.		Feder	st Cemetery alsburg Main St. 250. DAT	Federalshie recid. By registrar	25 TEGISTRA		URE

December 4, 1910 2005	100, 17,	Permit.
	units usterer 22, 1919	oin:
jedist	And the state of the state of	Jederalaburg, Nd. P.S.
Datey Permer Pareton	norman de letinood lair	auton Memor
Rt. 2, Box 317 1 1 1 1 1	Foderslainer	Haryland Daroline
	Anna Belle	John William Todd
C. Told, At, 2, co. 327, u	217-07-9588 Nrs. Mildred	old
	Remodification Carolinois	
	roughlandedair .mo'r	വരും ചിരുത്തിലും
	rion, delete ellicar	Isopanet Clatruc
	rion, Sieleta etalium	ourisiu lagrados
12/4 32	tion, sinketon Kelliunn 12/4/82	
12/4 2	12/u/82	
	12/u/32 /** 82	

X	1.	FOR - STATE REGISTRAR	DEP	STATE OF MARYLAND ARTMENT OF HEALTH AND MENTA CERTIFICATE OF DEATH		3 3 2 0 0
N. W.		CEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH MONT	H DAY YEAR 26 HOUR
y be		Arch	ie L. Usilto	n	12-13-8	2 5:33P
(B.8)	3 SE	X	4. RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY	MONTHS DAYS HOURS MIN
9 4	m	ale	Cau.	11-15-12	70	YRS DATS HOURS MIN.
od H. Po	Ta. B	IRTHPLACE (STATE OF FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNT U.S.A.	TRY? 8 MARRIED NEVER MARRIE WIDOWED DIVORCEI	m - 11-	
ofter d	- Contract of the	TY OR TOWN OF DEATH Easton	11. NAME OF HOSPITAL, NU (IF NOT IN SUCH FACILITY, GIVES MEMORIAL H	RSING HOME OR OTHER INSTITUTIO		126 KIND OF BUSINESS O
24 hours		AL RESIDENCE (IF NURSING HOME OF STATE NO COU	NTY 13c. CITY OR	BEFORE ADMISSION)	ITS? 13e. STREET ADDRESS	
d within	44. E/	ATHER'S NAME FIRST	MIDDLE LAST	15 MOTHER'S MAIDE FIRS	EN NAME MIDDLE	LAST
executed control of the control of t	160	Meeks Usilto: WAS DECEASED EVER IN U.S. A YES NO OR UNKNOWN) (IF YES, G	RMED FORCES? 166. SOCIAL S	Mamie SECURITY NO. 17. INFORMANT 0-0199 Blanche	ADDRESS	ensboro Md.
low requires that the death ceins been signed by the attending remit. Then please remove carba e prior to burial, cremation, artists ony injury, or other traumatics.	CERTIFICATION	Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse last. AN 2 OTHER SIGNIFICANT ON A DATE OF OPERATION	DUE TO, OR AS A CONSE	EQUENCE OF EQUENCE OF TODEATH BUT NOT RELATED TO THE HICH OPERATION WAS PERFORMED	ETERMINAL DIVEASE OR CONTROL 1700 AUTOPSY? 1206.	Chronic Chronic Chronic IF YES, WERE FINDINGS USED CERTIFY ING CAUSES OF DEATH?
g physicior ertificate h iol-transit p ntol Hygier tem 18 sho		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE		DAY YEAR	YES NOW	YES NO
ottendin ter this c is the bund Me hand Me	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET FACTORY OF	FICE, FARM ETC.) 211. LOCATION STREET	CITY OR TOWN	COUNTY STATE
ATTENDIN cospital ar ECTOR: Al ed for use of of a Healt im 21 is mo		220-1 certify that (I) (this hosp saw the deceaned of a conventional (did did n	onto the rained they deceased from	XX	, to, pinion death accurred on the date or	
SPITAL OR I by the h VERAL DIR be detoche Store Dep		CONSULATION OF THE PARTY OF THE	E Hemsel	ATTENDI PHYSICI	MEDICAL STAFF	22c. DATE SIGNED 12/14/8/
TO HOSPIT, etained by TO FUNER, should be diwith the Stoll IMPORTAN	22	Christian.	E. JENSEN	MD P.O.BO	X 640, DENTE	on MD 21629
	230	BURIAL, CREMATION, REMOVAL (SPECIFY) Burial		23c. NAME OF CEMETERY OR CREMAT	CITY OR TOWN	COUNTY STATE
BP		DUTIAL WESTOR	175-10-05	Church Hill Cer	Church Hi	
DHMH - 16 50M 1/81 (VRA 15, 4)	9	with Elso	Gre Gre	ensboro, Md.	DEC 2 0 1982	ohn & Cahief

Committee of the control of the cont MYOCARDIAL INFARCTION PAUSE PROTERLIOSCEPTIC Eridiovara for dilace chronic Congernie Henry FAILURE, INSULA-Clependent Diabetes Christian E. JENSEN MD P.D. BOX 690, DENTON NO 21679

Tobal all CHIEFEN MEMBERIAL HALLIEL CONTROL MANAGEMENT OF THE CONTROL OF The transfer o The same when the same and the DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

(VRA 15 (4))

ann

STATE OF MARYLAND

011-0 67 259

Caroline Co., Md. H.S.A.

James Entitles

Purtal Dec. 28,1982 Hillorest Cemeter

All the state of the second of

Farch 25, 1892 .90

Maryland Caroline Federalaburg

Anna Rumbold

Louise W. Christopher, Main St., Testur, 14

release recent

Felaraletare, Carolles, Hd.

hand embirmeen 402

STATE OF MARYLAND

Emina - II walmer HTMAN TO REPORT OF THE MISSING HE WAS THE WAS C MU GARN E TESTON, THE SHED W . The special to done in the second of the second

